PLEASE WRITE PLAINLY, WING UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 93.20

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1	0	1	A	14	
U.	64	U	4	4	

1. PLACE OF DEATH:	2. HOME (USUAL RESIDENCE) OF DECEASED:	
(a) County Baltimore	(a) State_Md, (b) CountyBaltimore	
(b) City or town Catonsville (If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution: 406 Shady Nook Ave.	(c) City or town Catonsville (If outside city or town limits, write RURAL and	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 406 Shady Nook Ave. (If rural give location)	
(e) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	*******
	(b) it foldight both, now long in C. D. A.r.	years
3 (a) FULL NAME Mary A. Abell		
3 (b) If veteran, name war 3 (c) Social Security No.	MEDICAL CERTIFICATION 20. Date of death Harch 11 1945, at 2.	30 P M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married 6 (b) Name of husband or wife Joseph A. Abell	21. I certify that death occurred on the date above stated; ed deceased from 15-17 1942, to 3-11 and that I last saw him alive on 3-19 1943	19.45.
6. (c) If alive, give age 55 years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) October 31, 1882 8. AGE: Years Months Days If less than one day 62 4 11 hrmin.	Due to Quericular Filmillation	4 240
9. Birthplace Govans, Maryland (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business At Home	Other conditions (Include pregnancy within 8 months of death)	PHYSICIAN
12. Name John Maddox 13. Birthplace Ireland	Major findings: Of operations	Underline the cause to which death should be charged statisti-
E 14. Maiden NameAnne_Doran		cally.
14. Maiden Name Anne Doran 15. Birthplace Vermont	22. If death was due to external causes, fill in the followi	ng:
16 (a) Informant Mr. Joseph A. Abell (b) Address 406 Shady Nook Ave. Latonsville	(a) Accident, suicide, or homicide	
17 (a) Burial (b) Date thereof Jarch 14,194 (month) (day) (year)		ice, in public
(c) Cemetery or crematory New Cathedral Cemetery Location Baltamore Md 18 (a) Funeral director Management Tunnelle Company 18 (a) Funeral director Management Tunnelle Company 18 (b) Cemetery or crematory New Cathedral Cemetery 18 (c) Cemetery or crematory New Cathedral Cemetery 18 (a) Funeral directory New Cathedral Cemetery 18 (a) Funeral Cem	place?While at work?While at work?	
(b) Address 4510 Liberty Heights Avef 19 (a) 3/12/15 (b) A	23. Signature Kelley K. Jallag. M. D. A.	ulla.
(Date red d by pegistrar) Deputy Local English	Address 6209 Frederick Ave. Date signed	



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 460

CERTIFICATE OF DEATH

02548 Reg. Dist. No. 3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Qallisare	
(If outside city or town limits, write RURAL and give nearest town)	State May 18nd County Dallsmore
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles alm	3. (b) Social Security Number
4. Sex 5. Color or pace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Sincle	Man 19 ut 1911-6
300	20. DATE OF DEATH
B.(b) Name of husband or wife	2f. I CERTIFY that death occurred on the date above stated; that friended deceased rout
	1000 11000
7. Birth date of years	and that I last saw h Amalive on 15
deceased (mo., day, yr.)	Immediate/cause of death DURATION
8. AGE: Years Months Days If less than one day	Material Destant INK
5 L // 3hrsmln.	Chours of a continue
9. Birthplace Balto. Co. md.	Que to and
(Town, connty, and state)	Transport Colon / 140
10. Usual occupation Mylee - Dalto . Co. Peralls	Due to.
11. Industry or business	
= 12. Name Deny. T. Celminy	atdu
12. Name Deny, F. Clinury 13. Birthplace Balto Co Med.	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name Sillie May alsesony 15. Birthplace Bolto Co. and	Major findings of operations.
15. Birthplace Walto. Co. Tid.	Bate of on.
18 Informant Ma James almons	Autopsy results.
WHADE OF	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Chilehall P. D. 2.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
et II. m. H. 14 Ch.	
Cemetery or crematory	Where did injury occur? (City or town) (Connty) (State)
Location Carleton, and	Injured et home, farm, industry, public place (where?)
18. Funeral director. Sanda M. Broofes	Means of Injury Injured at work?
0 1 - 1	11/18/2 Journess
Address Sporles, and.	23. SIGNATURE 2/6 PC
" march 22 " 45 mrs Hounds. Marbli	M. D. or other
(Date rec'd by registrar)	Address Bate signed 1974



Supply every item of information carefully. The correct age please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING (KK.) is especially important. Physicians-p

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



02549

			CERTIF	ICAT	E OF DEA	TH	Reg. Dist. No.	7044
City or town(If our How long in above place or Mospital, institution, or a VetsAdm	Fort H tside city or town of dealh? 5 lireet address where Escility	imits, write I Days death occurre	RURAL and give nearest to d: Howard, Mary.	State Maryl City or town Ta (17 or Sireet No. West	ney town utside city or town limit Baltos. Sta (If rural, giv	DF DECEASED: f mother) cunty Carroll ta, write RURAL and give	nearest town)	
3. (a) FULL NAME	LUTHER	A. AN	DERS				3. (b) Social Secur None	ity Number
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorce	d		MEDICAL C	ERTIFICATION	
Male	White		Single		20 DATE DE DELTU	March 6.	19.4.5	4 9.40 A
			c) If alive, give age		March and that I last saw h.l.	19	ove stated; that I attended on the state of	6, 1945
8. AGE: Years	Months	Days	If less than one day		CARLES OF THE PARTY OF THE PART		***************************************	
55	8	1	hrs	min.			ry Arterio-	
11. Industry or business	Unemplo un Anders	yed			Due to	oncho-Pneum	ionia	ldey
-d1	Marylan				(Inclu	de pregnancy within 3	months of death)	
14. Malden name 15. Birthplace	Marylan	d			Major findings of oper	ations none		
	Let Howard Janey Lott Janey	Maryl Date then Thera Town	wn, mad when the month (day) (y when the month (day) (day	145	PHYSICIAN: Please w 22. V10LENCE: If deat Accident, suicide, or hot Where did injury occur? Injured al home, farm, I Means of Injury 23. SIGNATURE	th was due to external car micide	(County) rhere?) Injured et work?	(State)



Climate Director's Office

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Veterand Landistration Fort Howard, maryland

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MAR 10 1945

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The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02550

Reg. Dist. No...

1. PLACE OF DEATH: CountyBALTIMORE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town—	State MD County BALTO. City or town DUNDALK Ward No Ward No Ward No
Stay In hospital or Inst. (yrs., or mos., or days) Stay In this community (yrs., or mos., or days)	Street No. F. O. BUX # 7456 GERMAN HILL ROAT (If rural give LOCATION)
3.(a) FULL NAME HELEN ESTELL ARMST	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed,	
FEMALE WHITE MARRIEI	20. DATE DF DEATH MAR . 18 19 45 , at 1 1 P M
6 (b) Name of husband or wife _JOHN_D_ARMSTRONG6(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) FEB. 1 1920	and that I last saw have alive on hand 1 5 19 75
8. AGE: Years Months Days If less than one	Immediate cause of death————————————————————————————————————
9. Birthplace BALT IMORE MD (Town, county, and state)	Due to
10. Usual occupationHOUSE_WIFE	Due to
12. Name CHARLES NORBERG 13. Birthplace BALTO MD.	Uther conditions
14. Maiden name UNKNOWN	(Include pregnancy within 8 months of death) Major findings: PHYSICIAN
E 15. Birthplace BALTO MD. 16. Informant JOHN D. ARMSTRONG (HUSE	Of operations Please under the cause to will death should be charged statistic.
Address PO.BOX #7456 GERMAN HII	Cally.
17BIRIAI. Date thereof MAR (month)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory SACRED HEART CEM. Location GERMAN HILL ROAD	Where did Injury occur?(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Lilly & Bailer In	Means of Injury Injured at work?



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 460 CERTIFICATE OF DEATH

02551

Reg. Dist. No.

1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) state		
City or town Rural near Towson (If outside city or town limits, write RURAL and give nearest town)						
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since Jans 10, 1942				City or iown Rural near To	wson	
	re of death?			(If outside city or town limit	s, write RURAL and give ne	arest town)
at h			u.	Street No. Grounds of Shept		pitai
	**************************			2.(a) If veteran, name war		***************************************
3. (a) FULL NAM	NE				3. (b) Social Security	Number
	ttie Mirand	a Mave	s Ashe		o. (o) bother becarity	Availables.
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White		Married			20.704
				20. DATE OF DEATH March 1		
6.(b) Name of husband	d or wife. Harr	y Albe	rt Ashe	21. I CERTIFY that death occurred on the date abo		
		8.0	(c) If alive, give age	October 16	· · · · · · · · · · · · · · · · · · ·	
7. Birth date of	yr.) July 25	1800)	and that I last saw ICalive on	28	19 45
deceased (mo., day,		Days	If less than one day	Immediate cause of death		OURATION
54	7	4				
01	•	1 -	hrsmln.	Inanition		10 day
9. BirthplaceBa	altimore Co	unty.	Mdstate)	Due to.	A 43	***************************************
			state)	Carcinoma of the head	of the pan-	Iz year
10. Usual occupation.	110.486.414.1			Due to Creas with multiple	e metastases	TS Agai.
11. Industry or busine	288					
12. Name	Nicholas A	layes		Other conditions	••••••	
	Baltimore			(Include pregnancy within 8		
14. Maiden name	Margaret	Ann V	Vilhelm			Dengage
E C	Re1+4	more C		Major findings of operations. Carcinor		
≈1 15. Birmpiace	Dait!		70 *			
16. Informant	TY ALUGIC	************		Antopsy results		
Address C/C	o Sheppard-					atation any.
17 Bus	aul	Date the	(month) (day) (year)	22. VIOLENCE: If death was due to external cau		
(Burial, erematio	n, or removal, Which?			Accident, sutcide, or homicide		
Cemelery or cremat	- // 0	LL	C.	Where did injury occur?(City or town)		
Location	Balto	40	<i>a</i>	injured at home, farm, industry, public place (w	here?)	
18. Funeral director	91100	AT,	beton.	Means of Injury	Injured at work?	
10	60		+ 1 m 1 1	0	0.0	\cap
Address	Ma	cup	year phylis	23 SIGNATURE Traveis M	Laughlen M.	0 .
10/11/18,	14 46	11.1	MUSELL VILLESTANI)	Address 9 20 > Marbliball (of the Huger M. D.	or other
(Date rec'd by r	egistrar)	The state of the	Registrar	Address 4 203 Marbliball	Date signed.	Murch 1, 1945

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HTARG TO STAD HID (SC

APR 3 1945
BUREAU V.S.

Ru 3/19/40

MARYLAND STATE DEPARTMENT OF HEALT 2411 N. Charles St., Baltimore 47.4) correct CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: death clearly and legibly. County Baltimore Maryland County County City or town Fort Ho ard (If outside city or town limits, write RURAL and give nearest town) Baltimore information carefully of death clearly and How long in above place of death? 3 Days (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: Street No. 805 Burgundy St. Vets. Adm. Facility, Fort Lioward, Maryland (If rural, give LOCATION) How long in hospital or institution?.....3. Days 3. (a) FULL NAME 3. (b) Social Security Number JOSEPH BAYORAS 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION causes Single White Male March 16, 1945 at 2:45 P M 21. I CERTIFY that death occurred on the date above stated: that I sttended deceased from Single B.(b) Name of husband or wife..... March 13, 1945 Warch 16, 1945 and that I last saw him alive on March 16, 7. Birth dale of Immediate cause of death Asphyxiation deceased (mo., day, yr.) 12-17-1895 DURATION If less than one day 8. AGE: RESERVED 1 dayhrs. Oue to Carcinoma of the trachea Litnuania, Kussia
(Town, county, and state) 9. Birthpiace...... Tailor 10. Usual occupation..... MARGIN 11, industry or business 單 12. Name Pete Bayoras ₹ 13. Birthplace Lithuania important. (Include pregnancy within 8 months of death) 14. Malden name Teakli Gurhle
15. Birthplace Lithuania Major findings of operations..... 18 Informant Clinical Records, Vets. Adm. Pac. WRITE PLAINLY is especiall PHYSICIAN: Please underline the cause to which death should be charged statistically. Fort Howard, Maryland 22. VIOLENCE: If death was due to external causes, fill in the following; Man - 21 /94 Date thereot Where did Injury occur?(City or town) Injured at home, farm, industry, public place (where?) Injured at work? Means of Injury

23. SIGNATURE

KEN EY. M.D. CLI

Howard Maryland Date signed 3-16-4

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Ree 31,9145

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 191-a

02554

CERTIFICATE OF DEATH

	Reg. Diat. No.	~	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore			
City or town	State Maryland county Baltimore City or town Dundalk (If ontside city or town limits, write RURAL and give nearest town)		
Spring Grove State Hospital	Street No. 12 Beach Drive (Ifrural, give LOCATION)	***	
How long in hospital or institution?			
3. (a) FULL NAME	3. (b) Social Security Number		
Harry Henderson Beatty	on an		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced married married	MEDICAL CERTIFICATION 20. DATE OF DEATHMarch 3. 19 45 at 9:15	A	
73 741 7 7		23. M	
6.(6) Name of husband or wife			
deceased (mo., day, yr.) August 10, 1866 8. AGE: Years Months Days If iess than one day	Immediate cause of death	_	
78 6 21hrsmio.	Chronic myocarditis Indef		
9. Birthplace Pannsy lvania (Town, county, and state)	Due to Generalizedarteriosclerosis Indef		
10. Usual occupation	Due to Chronic interstitial nephritis Inde		
12. Name	Dther conditions		
14. Malden name Sareh James Melan E	(Include pregnancy within 3 months of death) Major fiedings of operations.		
\$ 15. Birthplace unk. Ireland	Date of op	40000	
18. Informant Hospital records	Autopsy results PHYSICIAN: Please underfine the cause to which death should be charged statistically.	*****	
Address Catonsville, Baltimore - 28, Md. 17. Buriel Date thereof 3.7- / J (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or cremator Useroudale Cemetery	Where did injury occur?	000000	
Location Pitts burgh Pa	tnjured at home, farm, lodustry, public place (where?)		
18. Funerat director a Lee Osler	Meana of injury Injured at work?		
Address 4644 York Rdh	23 STOMATHER Sober Sto Farquer U.	-	
19. (Date ryc'd by registrar) (Date ryc'd by registrar) Registrar	Robert E. Gardner, M. D.M. D. or other	Feees	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-2

CERTIFICATE OF DEATH

02555

Reg. Diat. No....

1. PLACE OF DEATH: County				(If outside city or town limits, write RURAL and give nearest town) Street No. 108 Forest Drive		
3. (a) FULL NAM	Em	ma	Letitia	Beaumont	3. (b) Social Security	Number
4. Set	5. Color or race	6.(a)Singl	e, married, widawed, or divorced Widow	MEDICAL CE 3 - /	ertification 45	12:30 PM
	Oat		e) If allve, give ageyears	21. I CERTIFY that death occurred on the date above 19	re slated; that I attended doce	19 45
8. AGE: Year 84		Days 6	If less than one day	Immediate cause of death	mbolism	DURATION /2/15
10. Usual occupation. 11. Industry or busines	Housewii	?e	tate)	Due to	7	3 401
14. Malden name 15. Birthplace	Catherine Prince Ge	e L. Mo	Knew	(Incinde pregnancy within 6 m	Bate of op	022000000000000000000000000000000000000
Address 10: 17	8 Forest Drall all borremoval Which?) tory Lorrai Woodls WM. J. TIC Balto. Mc	Dale there ne Cen twn, Mo	atonsville of 3/5/45 (month) (day) (year)	Antopsy results. PHYSICIAN: Please underline the cause to whi 22. VIOLENCE: If death was due to exteroal caus Accident, suicide, or homicide	ich death should be charged ses, fill ie the following: Baie of (County) ere? Injured at work?	(State)

APR 2 1945 BUREAU V.F.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (284) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 13 years Hospilal, Institution, or street address where death occurred: (If rural, give LOCATION) information of death cle How long in hospital or institution?. 3. (a) FULL NAME 5. Color or race MEDICAL CERTIFICATION causes 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of deceased (mo., day, yr.) Months TARGIN RESERVED 8. AGE: 9. Birthplace ... 10. Usual occupation 11. Industry or business mportant. (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name Major findings of operations..... Address (Burlal, cremation, or removal, Which) Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Means of Injury SIGNATURE Registrar Address.

Reg. Diat. No.

(If outside city or town limits, write RURAL and give nearest town) 3. (b) Social Security Number

PHYSICIAN: Flease underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, till in the following;

Accident, suicide, or homicide.....

(County)

Injured at work?

M. D. or other

(State)

BINDING

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WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALT

2411 N. Charles St., Baltimore 30-0

CERTIFICATE OF DEATH

M. D. or other

Date signed.....

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town. How long in above place of death?. (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred Street No ... (If rural, give LOCATION) How long in hospital or institution 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 6.(b) Name of husband or wife. .6.(c) It alive, give age 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: Months Days It less than one day (Town, county, and state) 10. Usual occupation... 11. Industry or business 12. Name...... 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace 14. Maiden name Major findings of operations ... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 18. Funeral direct Address

23. SIGNATURE

Address.

Registrar

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V. S. No. 1 B

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	50
1	L PLACE OF DEATH		90
	County dullo.	Registration Dist. No.	2
	Village or City Phesoelle	No. St.,	Ward
13		death occurred in a hospital or institution, give its NAME instead of street and n	
	2. FULL NAME Marie Constance L	Sentley U. S. Veteran, specify WAR	
	(a) Residence: No. Prhesville mo	St., Ward.	
-	(Usual place of abode)	If nonresident give city or town and	State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	Jemal 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 (Month) (Dey)	1945.
5a.	If married, widowed or divorced HUSBAND of (or) WIFE of Total Land	22. I HEREBY CERTIFY, Thet i ettended of	deceesed from
6	DATE OF BIRTH (month, day, and yeer) Feb 4 1869	I last saw h la elive on Man 30 ,19 45	: death is sain
	AGE Years Months Deys If LESS then	to have occurred on the dete steted above, at 93. Pm.	
	76 / 27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	
Z	8. Trade, profession, or perticular	THE COLUMNS.	Oate of enset
101	kind of work done, as SPINNER, Asserting SAWYER, BOOKKEEPER, etc.	level fine tage	3/31/4
OCCUPATION	9. industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc		
OC	10. Date deceased last worked at this occupation (month and yeer) 11. Total time (yeers) spent in this occupation		
-	The at	Other Contributory Canses of importance:	17.37
12.	(State or country)	artino relino	1930
~	1 Organia de la laca	Hy pulsus	1945
HER	13. NAME I ROMAN & Myer		
FATH	14. BIRTHPLACE (city or town)	Neme of operation Dete of	
~	(State or country)	Whet test confirmed diegnosis? Was there an ac	utopsy?
MOTHER	15. MAIDEN NAME The attle Shriver	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:	
NO.	16. BIRTHPLACE (city or town) / Much Melo	Accident, suicide, or homicide? Date of injury	, 19
-	(State or country)	Where did injury occur? (Specify city or town, county and State	:)
17	(Address) Pake smille 1852	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18	BURIAL, CREMADION, OR REMOVAL // Union & emelen	Menner of injury	
	Piece Dels Durg Ca. Date Ar 3, 1965	Neture of injury	
19	UNDERTAKER Sensy 11 Julius Jansy (Address) In Children of	524. Wes disease or injury in any way releted to occupation of deceased?	n
20	FILED 4 / 2 , 1945 DONE E. Michael Registres)	(Signed) Take Hullean (Address) Orks jille, Ja	M. I
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Blad

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County Baltimore C	ity	
City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)			
(If outside city or town limits, write RURAL and give nearest town) 30yr 9mo 26days How long In above place of death?	City or town. Baltimore (If outside city or town limits, write RURAL and give near	rest town)	
Hospital, Institution, or street address where death occurred:	Street No. 2622 Fleet St.		
Spring Grove State Hosp.	(If rural, give LOCATION)	,)	
How long in hospital or institution? 30% 9mo. 26days	2.(a) If veteran, name war	V	
3. (a) FULL NAME Andrew Bittoff (Biddorf)	3. (b) Social Security I	Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH March 17, 1945	7:10P	
Monaromet	21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed from	
6.(b) Name of husband or wife Margaret	July 19 19 37 Mar. 17	45	
7. Birth date of	and that I last saw h im a ve on Mar. 17, Immediate cause of death Acute Pulmonary edema	1945	
7. Birth date of deceased (mo., day, yr.) April 19 1868	Acute Pulmonary edema	DURATION	
8. AGE: Years Months Days If less than one day	Ammediate case of meaning	l day	
76 8 28hrsmin.		***************************************	
a Biddeless Germany	Due to Hypertensive cardio-renal vascular disease	***************************************	
9. Sirihpiace Germany (Town, county, and state)	vascular disease	Indef.	
1D. Usual occupation	Que to	400000000000000000000000000000000000000	
11. Industry or business		***********************	
12. Name John Bittoff	Dther conditions Decubitus	15 days	
12. Name John Bittoff 13. Birthplace Germany			
14. Maiden name Margaret Fleigert	(Include pregnancy within 3 months of death)		
	Major findings of operations		
	Date of op.		
18. Informant Hospital Records	Antopsy results		
Address		sts ostically.	
Buriel march 204	22. VIOLENCE: if death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory.) Of Unstild Et Callusting	Whera did injury occur?	(State)	
() to	Injured at home, farm, Industry, public place (where?)	****	
Location	Means of injury Injured at work?		
18. Funeral director	10 164		
Address 2004-8. Orlegus et	John Laker & Harduer	Su. D	
3/10 UT (Leckelone	M. D.	or other	
19	Address ataus relle ul Date signed.	2118/4	

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

(12561) 38 Rev. Dist. No. 38

				10g. 20t. 100 mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm		
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore				State Md. County Baltimore		
City or town Stonelei, h (If outside city or town limits, write RURAL and give nearest town)						
How long in above place of d				City or town. Stoneleigh (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or stree	et address where	death occurred	l:	Street No. 6309 Blenheim Road		
Armacost	Nursing	Home,	Regester Ave.	(If rural, give LOCATION)		
How long in hospital or inst	ltution?		***************************************	2.(a) It veteran, name war		
3. (a) FULL NAME				3. (b) Social Security Number		
		Lue	lla K. Black			
4. Sex 5.	Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White		Widowed	1/1		
		1		20, DATE OF DEATH WALLY J, 19 21 2.45 P		
6.(6) Name of husband or w	Milm Wilm	er Blac	ck	21. I CERTIEY that death opcurred on the date above stated; that I attended deceased from		
				Len 8 1844 to Marchy 194		
7, Birth date of	Taino	21, 18	e) It alive, give ageyears	and that I last saw h at allve on lucurely 4 19-4		
deceased (mo., day, yr.)				Immediate cause of death DURATION		
8. AGE: Years	Months	Days	It less than one day	01.10.6		
83	8	14	hrsmin.	GOOLXII 3 mil		
9. Birthplace	blesvill	e. Ind				
9. Birthpiace	(Town,	conuty, and a	e tate)	Due to artivar - Lelias		
10. Usual occupation	None			a farantina 1 11 1 mile		
11. Industry or business				Due to.		
	135cm A	Kinna	n			
E			<u> </u>	Other conditions		
	Indi	ana		(Include pregnancy within 8 months of death)		
14. Malden name	Ethel Li	nda Pe	arce			
14. Malden name	Springfi	eld. O	hio	Major findings of operations.		
				Date of op.		
			k	Autopsy results.		
Address 6309	Blenhei	m Rd.,	Stoneleigh	PHYSICIAN: Please underline the cause to which death should he charged statistically.		
. Rumial		Dat. 11	. March 8 1945	22. VIOLENCE: It death was due to external causes, till in the following:		
17. Eurial (Burial, eremation, or r	emoval. Whieh?)	Date there	of March 8, 1945 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Lorr	aine C	emetery	Where did injury occur?		
Location Woodlawn, Md.				Injured at home, tarm, industry, public place (where?)		
18. Funeral director & Manuareau			***************************************	Means of Injury Injured at work?		
				00111		
Address 4510	Liberty	Heigh	ts Ave.	Jan XXX Oliv		
2/-	2 Y1	6	Mr. Hedria	23. SIGNATURE M. D. or other		
(Date ree'd by registra	(r)	4	Registrar	Address Dawson - Whate Hand 3/5/45		

pe 3/7/48

02561

2411 N. Charles St., Baltimore 95-2

CERTIFICATE OF DEATH

ODKIII IOAI	Reg. Diat. No		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Prince George's City or town. 7211 Darthouth Ayanua. (If outside city or town limits, write RURAL and give nearest town) Street No. College Park. (If rural, give LOCATION) 2.(a) It veteran, name war.		
MIID RED SCOTT BLACK 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. March 5 1945 19		
6.(b) Name of husband or wife Walter C. Black 6.(c) It alive, give age Unknowears 7. Birth date of deceased (mo., day, yr.) November 1st 1891 8. AGE: Years Months Days It less than one day 53 4 4 hrs. min.	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from March 5 1941 19 19 19 19459 and that I last saw her alive on March 5 1945 19 Immediate canso of death Myocardial insufficiency OURATION acute 1 week		
9. Sirthplace	Due to Pudmonary infsrct 2 days Due to Chronic arteriosclerotic hypertensive heart disease Indef. Other conditions		
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results		
17. (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director Address # O	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide		

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK is especially important. Physicians: VS A15

The correct age

Sapply every item of information carefully. The please write the causes of death clearly and legible



NK. Supply every item of information eavefully. The correct age s: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADINGS

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



02562

CERTIFICA	ATE OF DEATH Reg. Dist. No.			
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYARYO County BARTIMORE City or town. (If outside city or town limits, write RURAL and give nesrest town) Streel No. 4307 AFFDS RYENUE. (If rural, give LOCATION) 2.(a) If veleran, name war.			
3. (a) FULL NAME FIRAN K HOU BLA 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	ANKNER 3. (b) Social Security Number NONE			
MALE WHITE MARRIED 6.(b) Name of husband or wife RUBU "WEBB"	20. DATE DF DEATH 19 at			
7. Birth date of deceased (mo., day, yr.) MAC 11./877 8. AGE: Years Months Days If less than one day hrs. mi	and Ihat I last saw h			
9. Birthplace BALTIMORE, MARGLAND (Town, county, and state) 10. Usual occupation PAPER HANGER	Due to Due to James			
11. Industry or business 12. Name	Uther conditions			
16. Informant MRS RUBY BLANKNER	Major findings of operations			
Address 4307 REIJS HVENUE 17. Burial, cremation, or removal. Which?) Cemetery or crematory. Loudon N PARK Cemetery or crematory. Loudon N PARK	22. VIOLENCE: If death was due to external causes, flil in the following: Accident, suicide, or homicide			
18. Funeral director C. RAYMOND HAUFMAN Address 1026 REDS AVENUE.	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?			
19/11sl 12 155 Jeffer (Date roc'd by registrar) 19/11sl 10 15 15 15 15 15 15 15 15 15 15 15 15 15	23. SIGNATURE M. D. or other Address How Date signed 3 20 40			



PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.

CERTIFICATE OF DEATH

02563

Pag. Dist. No. 44

CERTIFICA	TE OF DEATH Reg. Diat. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Bullt		
City or town (if ontside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Charles 1. Bobart	3. (b) Social Security Number		
4. Sex 5. Color or race 6.40) single, married, widowed, or divorced Lingle	MEDICAL CERTIFICATION 20. DAYE OF DEATH MANA 1845 at 9:30 A		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
7. Birth date of deceased (mo., day, yr.) Nov. 6 - 1889	and that I last saw here all ye on March 1945		
8. AGE: Years Months Days It less than one day	Immediate cause of death		
55 3mio			
9. Birthplace	Oue to		
10. Usual occupation. Tailor	Due to Lyphusin' alercochemi		
11. Industry or business 12. Name	Other conditions		
\$ 13. Birthplace Rulto.	(Include pregnancy within 3 months of death)		
14. Malden name. This Bellinam. 15. Birthplace / B. Ito.	(Include pregnancy within 3 months of death) Majar findings of operations.		
El 15. Birthplace	Oate of op.		
16. Informant 2002 France Bound	Autopsy results		
Address 2 5 General A. 17 Barial Bate thereof 3 5 4 5 (Burlal, cremation, or removal. Which?) (Burlal, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Balta national	Where did injury occur?		
Location Frederick ad.	injured at home, farm, industry, public place (where?)		
18. Funeral director John B connelly	Means of Injury Injured at work?		
Address 418 Castern Owl. Vissel	23. SIGNATURE Squees Pollitie M. A. D. or other		
19. 3 2 (Day rec'd by registrar) 19. 45 Sales of Connelly Registrar	Address Galeberge Stran Sul Date signed The Man Date signed The Man Date signed The Strand		

RECUIVED MAR 5 1945

BURFATT

V. S. No. 1

STATE	OF	MADVI	AND-	CEDTI	FICATE	OF	DEATE
SIAIL	UF	MARIL	AND-	CERIII	FICAIL	Ur	DEAIL

1. PLACE OF DEATH		THE STE OF BEATT	-7
County Balto -		Registration Dist No.56	32
Village or City Grown where deeth Length of residence in city or town where deeth 2. FULL NAME Farmin Co	occurred yrs mos	Ale	t.,Ward
(a) Residence: No. 64	7-	L .St., Ward. If nonresident give city or tow	n and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEAT	ГН
F W.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mark 17 (Month) (Day)	19 8 4.5
5a. If married, widowed, or divorced HUSBAND of Lory WIFE of Frank C. 1.	Boltm	22. 1 HEREBY CERTIFY. That I atte	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 7	9. /863 Days If LESS than 1 day,hrs.	I last saw h. 2 alive on 2 b., 19 to have occurred on the dete stated above, at S. P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1 01	Croray oclusion	3/17/4
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	-	
12. BIRTHPLACE (city or town) Ball (State or country)	to.	Other Contributory Causes of importance:	/1000
1 11 1	VN SON	artino o elu sis	1925
13. NAME JAMES H. JOA 14. BIRTHPLACE (city or town) (State or country)	alt,	Name of operation Dat What test confirmed diagnosis? Was the	e of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	Howing:
· (citie ci comin))	etan Imill md	Where did injury occur?(Specify city or town, county as Specify whether injury occurred in INDUSTRY, In HOME, or In PUBL	nd State) IC PLACE.
18. BURIAL, CREMATON, OR REMOVAL	Date Mich 20, 19 4	Manner of injury	
19. UNDERTAKER JULIA C. MIL	telull Hen	24. Was disease or injury In any wey releted to occupation of decease if so, specify	
20. FILED 3 / 19. 5 G 'U	U. Helgreh Registrar.	(Signed) Calner F. C. Willie (Address) Pikes vill	

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			- 1.11	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

02565

CERTIFICATE OF DEATH

			leg. Dist. No.	
1. PLACE OF DEATH: Balto		2. USUAL RESIDENCE (HOME) OF DECEA (For newborn infante give residence of mother)	ASED:	
City or town	ve.	City or town		
How long in hospital or institution?		2.(a) If veteran, name war		
3. (a) FULL NAME	IDA V. BRAINERD	3. (b)	Social Security Number	
4. Sex 5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIF	ICATION 19.44.5 at A.	
	A - Brainerd	21. I CERTIFY that death occurred on the date above stated;	that I attended deceased from	
deceased (mo., day, yr.) March 8. AGE: Years Months	11, 1860 Days If less than one day	Immediate cause of jeath Coronary	J DURATION	
84 11	23hrsmin			
10. Usual occupation Housewif 11. Industry or business	connty, and state)	Due to	25 9,	
ae i	om son	(Include pregnancy within 3 months of death)		
15. Righniage Unkno		Major findings of operations		
	Doeleman Ave.	Autopsy results		
17. Remove.l (Burial, eremation, or removal, Which?)	Date thereof 3/6/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homtoide		
	field, N. J.			
	CKNER & SONS		Injured at work? J. Silver M. D. or other	

2411 N. Charles St., Baltimore /3/-ax

02506

10

CERTIFICATE OF DEATH

			CERTIFICA	Reg. Diat.	No	
1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore						
City or town	Fort Ac	ward	URAL and give nearest town)	State Maryland County Balling		
they long in chare place	at death? 2 DE	WS		City or town Baltimore (If outside city or town limits, write RURAL and	give nearest town)	
Nosnital Institution or	street address where o	leath occurre	1:	Street No. 719 W. Dover St.		
			rd, Maryland	(If rural, give LOCATION)	. /	
How long in hospital or	Institution? 2 De	RVS	**************************************	2.(a) If veteran, name war WI-I	, <u>V</u>	
3. (a) FULL NAME				3. (b) Social S	ecurity Number	
	JOHN FR	PUT				
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	ON	
Male	Colored	N'a	rriedSep.			
Mare	0010104	1	2 2 2 3 3 7 5	20. DATE DF DEATH March 8. 1		
B.(b) Name of husband	or wife Unki	nown		21. I CERTIFY that death occurred on the date above stated; that I atte		
			c) If alive, give ageyears	March 6, 1945, to Marc		
7. Birth date of	Man	ch 2,		and that I last saw handalive on the Grand Grand		
8. AGE: Years	1.7	Days	if less than one day	Immediate cause of death		
78		5	hrsmin.	Uremia, acute		
				Nan land and a second		
9. Birthpiace	Powatow	n Co.,	V & •	Due to Nephrosclerosis		
40. 11						
				Due to	1	
11. Industry or business						
12. Name		*****************	***************************************	Other conditions	***************************************	
	1			(include pregnancy within 3 months of death)		
14. Maiden name	Caroline		2	Major findings of operations none		
M 15. Birthplace	Virginia	7		major hadings of operations		
	cal Zanava	i Vo	ts. Adm. H.a.l.			
				PHYSICIAN: Please underline the cause to which death should be	charged statistically.	
Address 1 01 0	Howard, Ma		- N 11 /	22. VIOLENCE: If death was due to external causes, fill in the following	ng;	
17. Purial	on namous! Whish?)	Date the	reof. 3 (month) (day) (year)	Accident, suicide, or homicide		
			tional Cemetery	Where did injury occur?		
			aryland			
18. Funeral director	A. Lee	Oder		Means of Injury Injured at	TOTAL	
Address	4644 Yo	ork no	ad., Balto., Md.	LOU CITTE	2-5	
Address		-	cueble	23. SIGNATURE KEINEY, L.D. CLI IC	M. D. er other	
19. (Date recall by	10 1944		L. W. Mallas			
LEGIOLOGICO GILLI TO	D					

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING IKK Dr 3110/45

1 Trans The correct age

every item of information

UNFADING Lant. Physician

important.

s especially PLAINLY,

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

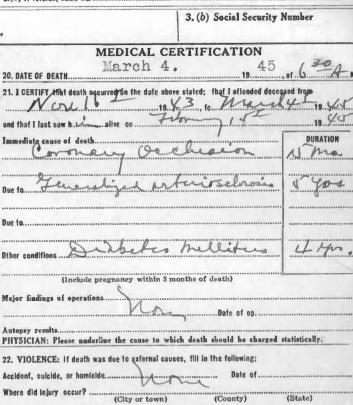
2411 N. Charles St., Baltimore

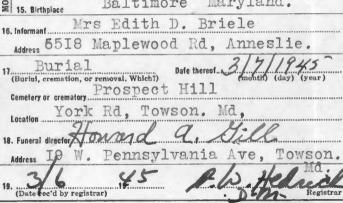
02567

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Slate Anneslie City or town (If outside city or town limits, write RURAL and give nearest town) Slreet No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veferan, name war
3. (a) FULL NAME	3. (b) Social Security Number

J. (U) PULL HAML					
		Ferdi	nand	R.	Briel
4. Sex	5. Color or race	6.(a)Singi	e, married, v	ridowed, or di	vorced
	White		arri		
6.(b) Name of husband o	Mrs E	dith	D.	Briel	Le.
Nee, Do	bler		c) If alive, g		years
7. Birth date of deceased (mo., day, yr.	, May 19	. I88	3		
8. AGE: Years	Months	Days		than one day	
6I	9	13		hrs	min.
9. BirthplaceBa.	ltimore.				
	U. S. P	ounty, and	ffic	е	
10. Usuaf occupation		***************************************			
11. Indusfry or business	nry Bri	ele			
12. NameHe		······	7	3	*****************
	Baltimo	re. M	aryı	and.	
14. Malden name	Amelia	Kern			•••••
14. Malden name 15. Birthplace	Baltim	ore	Mary	land.	
	rs Edith	D. B	riel	е	
	Manlewo	od Rd	. An	nesli	ie.





Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury M. D. or other

2411 N. Charles St., Baltimore 170-0

Pet

CERTIFICATE OF DEATH

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
			***************************************	State Maryland Coun		
City or town(If on	Catonsvi	LLC limits, write R	URAL and give nearest town)	The state of the s		
				City or town Baltimore (If outside city or town limits	, write RURAL and give nea	rest town)
Hospital, Institution, or s	treet address where	death occurred	l:	Street No. 318 North East		
			tal	(If rarul, give	LOCATION)	./
How long in hospital or i	nstitution?	2 days	***************************************	2.(a) If veteran, name war		V
3. (a) FULL NAME	Louis Br	ocata			3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
m	W		married			0.700
				20. DATE OF DEATH Merch 6.		
6.(b) Name of husband or	wife Edith	Guaner	a	21. I CERTIFY that death occurred on the date about		
F1.44.		6.6	c) If allve, give age	February 23, 194		
7. Birth date of				and that I last saw himalive on		
deceased (mo., day, yr.	Months	er 22,	if less than one day	Immediate cause of death		
69	4	9	hrs. min.	Broncho-pneumonia		
9. BirthplaceIts	alv			Bueto Subdural hematoma		Indef.
	(Town		state)			
10. Usual occupation	shoemak	er		Due to Outomobile socident		
11. Industry or business			ng	Dag to.	र न्स्या	
				Dither conditions Fracture of th	e right leg	Indef.
H-1	Italy					
es		Domino	10	compound, comminuted (Include pregnancy within 8 n		
10			4.49	Major findings of operations		
	Italy			***************************************		
16. Informant Hosy	pital rec	ords		Autopsy results		
Address Cat	-angrille	Rel++	imore - 28. Md.	PHYSICIAN: Please underline the cause to wh		statistically.
1	0		1 (1 . 1/11	22. VIOLENCE: It death was due to external cause		
(Burial, cremation,	or removal, Which		eol (month) (day) (year)	Accident, suicide, or homicide	Date of 12-1	6-1944-
Cemetery or crematory	Haly	Bed	elmer um	Where did injury occur? Onleans & Forth	est Streets, Galtima	(State)
Location	1/ -	// 4	R.d.	Injured at home, tarm, Industry, public place (wh	1019?) Rublic Slace	e _a
		1		Means of injury struck by automobile.	Thiured of work?	
18. Funeral director	seph	ton	au Mc	means of priparity	2 (/
	3 Tree		int or	a hon 8	Fardue	Tuck
2/	1		39011	23. SIGNATURE POPONT F CON	dner M.D. M.D.	or other
19. (Date rec'd by regi	19.4		Registrar	Robert E. Gar Address Baltimore - 28, M	d. Note cloud	3/6/45
(Date recyd by regi	strar)		O- Legistiai	AUDIOSSA.M.A.M.A.M.A.M.A.M.A.M.	nate signed	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN PESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02569

Reg. Diat. No. 39

1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race, 6.(a) Single, married, widowed, or divorced. Make White Manuel 6.(b) Name of husband or wife	20. BATE OF DEATH 20. BATE OF DEATH 20. BATE OF DEATH 20. BATE OF DEATH 21. I GERTIFY that death occurred on the date above stated; that taltended deceased from 15.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days it less than one day 42 - hrs. min. 9. Birthplace Coupation Revenue RR.	Immediate cause of death DURATION Due to Jacobson
11. Industry or business 12. Name John Brown 13. Birthplace Phacing Co., ga. 14. Maiden name John 15. Birthplace Industry or business Indust	Due to
16. Informant Mas Harry Brown Address 2021 Estate Place	Autopsy results
17. Date thereof. Mat. 6. 1945.5 (Bnrial, cremation, or removal. Which?) Cemetery or crematory. Ellandelle x	22. VIÓLENCE: it death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
16. Funeral director Sand Specific, Mich. Address Specific, Mich. 2 / 4 42 Conso Price.	Means of injury Injured at nome, farm, industry, public place (where?) Injured at work? 23. SIG ATURE 24. D. Programment and D. Programment an
(Date recki by registrar) Registrar	Address Dote signed

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Can Stor Carling Day

STORES COL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02570

CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Laura Virgin	ia Beown 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorted Wildowed	MEDICAL CERTIFICATION 20, DATE OF DEATH. MEDICAL CERTIFICATION 104.2 11.15
8.(b) Name of husband or wife. 8.(c) It alive, give age leading years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 7 2 3 hrs. min. 9. Birthplace. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. Markettelle. 18. Informant 19. Birthplace 19. Address 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. Address 18. Informant 19. Address 19. Address 19. Address 19. Address 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. Address	Due to
17. Data A. Date thereol. March 23,1945 (Burial, cremation, or removal Which?) Cemetery or crematory Location 18. Funeral director Address	22. VIOLENCE: 11 death was due to external causes, fill in the 10llowing; Accident, suicide, or homicide
March 21 45 Wilmer C.Ensor 18	Cala Dialla Red M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING

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APR 5 1945

BUREAU V.E

PLEASE

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Daylina ord	(For newborn infants give residence of mother)
(If outside city or town limits) write RURAL and give nearest town)	State Maryland County Calleman
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No. Serman Hill Road
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Amelia Da	11000
4. Sek 5. Color or race 6.(a) Single, married, widowed, or differed	MEDICAL CERTIFICATION
T cal Massed	March 5
Alie - I would	20. DATE OF DEATH MICH 18 7 3 at C. P.
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom
7. Birth date of	
deceased (mo., day, yr.)	and that I last law h
8. AGE: Years Months Days It tess than one day	Immediate care of death Ouravion
68 m	in.
Buch Pine Mid	0,
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Hause wife	
	Bue to
11. Industry or bosiness	
12. Name We	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name mm.a. Comish Md	
15. Birthplace	Major findings of operations.
16, Informant abraham Bryant	Date of op.
11 11-10(10)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Aleman Hell Hoad	22. VIOLENCE: Indeath was due to external causes, fill in the tollowing;
11 Lunial Date thereof 3-21-4	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	- was / was / X /
Cemetery or crematory	(City or town) (State)
Location dalimore	Injured at home, farm, lodustry, public place (where?)
18. Funeral Tirebon ellicus a Fackson	Means of Injury tnjured at work?
aup (Ramal	(A) (Ch. , a)
Address 9/6 Jerma aver Julia Ma.	23. SIGNATURE A JOHNSO CODIA
19 3/20 19 45 Melen Momul	1 1 2 mm. CO & M.D. of other

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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eg.	Dist. No	50

1. PLACE OF DEATH: Courty B. Cont. Be for a common flate of death. County flow flows. Be for a common flate of death. County flow flows. Be for a common flate of death. County flow flows. County		
State Manage form County (If consider city or town interest were RURAL and give nearest town) How long in abeguind or less that gate of death 2. 2. 9. 8. Howard for the less of the state of the sta		2. USUAL RESIDENCE (HOME) OF DECEASED:
Terrison of the sheet of the state of the st		A. A.
tow long in absent place of death? 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) If reternal, give LOCATION 3. (a) FULL NAME 5. Solid or race 6. (a) Single, marves, befored, or directed Mulce 6. (b) Name of busbased or wife. 6. (c) It alies, give age. 6. (c) It alies, give age. 7. Birth date of directed (tow. day, r.) 8. AGE; Years 8. AGE; Years 8. AGE; Years 8. Gentland or successful (tow. day, r.) 9. Birthglice. 6. Control of the successful (tow. day, r.) 8. AGE; Years 9. Birthglice. 9. Birthglice. 10. Usual ecception. 11. Industry or business Very History 12. Name. 13. Birthglice 14. Madeen name. 15. Age of the conditions. 16. Age of the conditions. 17. Birthglice 18. Age of the conditions. 18. Age of the conditio	(If outside city or town limits, write RURAL and give nearest town)	28 OT
Street Ro. Str	How long in above place of death? 3 0 Louis	(If outside city or town limits, write RURAL and give mearest town)
Rev loog in hespital or hesilibilan? 3. (a) FULL NAME A. SET 5. Color or race 6. (a) Singh. marres, hidered, or disposed MEDICAL CERTIFICATION Mule 8. (b) Social Security Number MEDICAL CERTIFICATION Mule 9. Social Security Number 20. DATE or DEATH 21. DESTIFY that dest or down on the date above stated; that I attended deceased from Manual 19.45, at 820 A. M. 21. DESTIFY that dest or down on the date above stated; that I attended deceased from Manual 19.45, at 820 A. M. 22. SINGHALL SECURITY that dest above stated; that I attended deceased from Manual 19.45, at 820 A. M. 23. BITCH SECURITY that dest above stated; that I attended deceased from Manual 19.45, at 820 A. M. 24. DESTIFY that dest above stated; that I attended deceased from Manual 19.45, at 820 A. M. 25. BITCH SECURITY that dest above stated; that I attended deceased from Manual 19.45, at 820 A. M. 26. BITCH SECURITY that dest above stated; that I attended deceased from Manual 19.45, at 820 A. M. 27. DESTIFY that dest he observed on the date above stated; that I attended deceased from Manual 19.45, at 820 A. M. 28. BITCH SECURITY that dest he observed on the date above stated; that I attended deceased from Manual 19.45, at 820 A. M. 29. BITCH SECURITY that dest he observed on the date above stated; that I attended deceased from Manual 19.45, at 820 A. M. 20. DESTIFY that dest he observed on the date above stated; that I attended deceased from Manual 19.45, at 820 A. M. 20. DESTIFY that dest he observed on the date above stated. That I should be considered to the stated above stated. 20. DESTIFY that dest he observed on the date above stated. 21. DESTIFY that dest he observed on the date above stated. 22. VIOLENCE: If death was due to attend causes, fill in the tollowing: 23. DESTIFY that destine and exist the cause to which death about the charged statistically. 24. DESTIFY that destine above stated the causes to which death about the charged statistically. 25. VIOLENCE: If death was due to attend causes, fill in the tollo		
3. (a) FULL NAME 4. Sex 5. Defer or race 5. (a) Single, marries, blowed, or diversed MEDICAL CERTIFICATION Mule Single, marries, blowed, or diversed MEDICAL CERTIFICATION Mule Single, marries, blowed, or diversed MEDICAL CERTIFICATION Mule Single, marries, blowed, or diversed MEDICAL CERTIFICATION 18 20 A MILE OF DEATH Single occurred on the date above stated: that i standed deceased two. In the standard deceased to the standard deceased two. In the standard deceased the standard deceased to the standard deceased the standard deceased to the standard deceased the standard deceased two. In the standard deceased two. In the stand		
See S. Soler or race S. Color of race Ments Surgle 8. (a) Name of husband or wife 8. (b) Name of husband or wife 8. (c) Italies, give aga year decard (no. day, yr.) 9. Birth date of decard (no. day, yr.) 9. Birth place 10. Usual occupation 11. Industry or husiness SCUY ITY Storaged Fuest 12. Name 13. Birthplace 14. Madden name 15. Birthplace 15. Birthplace 16. Italies and sole states 17. Birth date of manner of death of the date above states (that it attended decarded from the date above states). The standard decarded from the date above states (that it attended decarded from the date above states). The standard decarded from the date above states (that it attended decarded from the date above states). The standard decarded from the date above states (that it attended decarded from the date above states). The standard decarded from the date above states (that it attended decarded from the date above states). The standard from the date above states (that it attended decarded from the date above states). The standard from the date above states (that it attended decarded from the date above states (that it attended decarded from the date above states (that it attended decarded from the date above states). The standard from the date above states (that it attended decarded from the date above states (that it attended decarded from the date above states (that it attended decarded from the date above states (that it attended decarded from the date above states (that it attended decarded from the date above states (that it attended from the date above states (that	How long in hospital or institution?	2.(a) If veteran, name war
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5. (c) Name of husband or wife 5. (c) It alive, give age 7. Birth date of deceased (me., day, yr.) 2 annum, 16 1870 8. AGE: Vears Mooths 9. Birthplace 10. Usual occupation 11. Industry or husiness SCCY ity Storage by Fust 2. 12. Name. 13. Birthplace 14. Maddee name. 15. Birthplace 15. Birthplace 16. Informati. 16. Birthplace 17. Birthplace 18. Limited at each with death obsalt he charged statistically. 18. Adopty results. Address 20 Ark Ave. 19. Storage by Fust 2. 19. Was and that I lack saw h. After a silve on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna and that I lack saw h. Ann. alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended deceased from Manna alive on the date above stated: that I attended the same and that I lack saw h. Ann. alive on the date above stated: that I state saw h. Ann. alive on the saw h. Ann. alive	4. Sex 5. Color or race 6.(a) Single, married, vidowed, or divorced	MEDICAL CERTIFICATION
1. Birth date of decased (mo., dor, yr.) 2 annual 16 1870 8. AGE: Vears Months Day If less than one day 9. Birthplace.	mule White Single	20. DATE OF DEATH March 9 1945 at 820 A M
1. Birth date of decased (mo., dor, yr.) 2 annual 16 1870 8. AGE: Vears Months Day If less than one day 9. Birthplace.	R (h) Name at huchand or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
The Birth date of decased (ma, day, yr.) Dank		March 8 1945 to March 9 19 40
Second content Seco	7. Birth date of	
9. Birthplace	Beccased (mo., Bay, y)	Immediate cause of death
9. Birthplace Cown, country, and state) 10. Usual occupation 11. Industry or business SCUVITY Storagest frust Co. 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Bulk & C. Antippy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 18. Informant Address SIO PATK PURSON Cemetery or crematory Cemetery or crematory Location 18. Funeral director Address 19. Address 20. Signature 21. Signature 22. VIOLENCE: If death was due to external causes, fill in the tollowing; (State) Injured at home, tarm, industry, public place (where?) Weans of injury Injured at work? 21. Male Signature 22. Signature 23. Signature 24. Signature 24. Signature 25. Signature 26. Signature 27. Signature 28. Signature 29. Signature 29. Signature 20. Signature 20. Signature 21. Signature 22. Signature 23. Signature 24. Signature 24. Signature 25. Signature 26. Signature 27. Signature 28. Signature 29. Signature 29. Signature 29. Signature 29. Signature 20. Signature 20. Signature 20. Signature 20. Signature 21. Signature 22. Signature 23. Signature 24. Signature 24. Signature 25. Signature 26. Signature 27. Signature 28. Signature 29. Signature 29. Signature 29. Signature 20. Signature 20. Signature 20. Signature 20. Signature 20. Signature 21. Signature 22. Signature 23. Signature 24. Signature 24. Signature 25. Signature 26. Signature 27. Signature 28. Signature 29. Signature 29. Signature 29. Signature 20. Signature 20. Signature 20. Signature 20. Signature 20. Signature 20. Signature 21. Signature 22. Signature 23. Signature 24. Signature 24. Signature 25. Signature 26. Signature 27. Signature 28. Signature 29. Signature 29. Signature 20.	0. 100.	Cerebral Naemanlige 30 hours
10. Usual occupation. 11. Industry or business SCULITY Storages fust a grant of the conditions. 12. Rame. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. Address SD Park Ave., Towson, Ma. (Burial, evenation, or removal. Which?) 16. Location. 17. Cemetery or crematory. 18. Funeral director. Address 19. Address 20. Signature 21. Address 22. Signature 23. Signature 23. Signature 24. Address 24. Address 25. Address 26. Address 27. Address 28. Address 29. Address 20. Address 20. Signature 20. Signature 20. Signature 20. Signature 20. Signature 20. Signature 23. Signature 24. Address 24. Address 25. Signature 26. Address 26. Address 27. Opportunity 18. Dorother 19. Address 29. Address 20. Signature 21. Address 22. Violence: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide. 28. Date of the conditions 29. Address 20. Address 20. Address 20. Address 21. Address 22. Signature 23. Signature 24. Address 24. Address 25. Address 26. Address 26. Address 27. Address 28. Address 29. Address 20. Address 29. Address 20. Address 21. Address 22. Violence: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide. 20. Address 21. Address 22. Violence: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide. 22. Violence: If deat	a statustica Bullana and C. to	
10. Usual occupation. 11. Industry or business SECUPITY Stopages flust a. 12. Name. 13. Birthplace / Langa Communication of death of the conditions. 14. Maiden name. 15. Birthplace Out to Communication of death of the conditions. 16. Informant. Address SEO Park Ave., Towson, Ad. 17. But the conditions. 18. Funeral director. 19. Address 19. Address 10. Usual occupation. Diber conditions. (Include pregnancy within 8 months of death) Major findings of operations. Major findings of operations. Major findings of operations. Major findings of operations. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Means of Injury Injured at work? M. D. or other 18. Funeral director. Address 23. SISNATURE M. D. or other M. D. or other M. D. or other	(Town, county, and state)	
11. Industry or business Security Storages 14.5 Co. 12. Name	10. Usual occupation.	
14. Maiden name 15. Birthplace 16. Informant Address 17. But Ave., Towsor, Md. 18. Elimination, or removal, Which? 19. Cemetery or crematory 19. Funeral director Address 19. Maiden name (Include pregnancy within 8 months of death) Major findings of operations Major findings of operations Major findings of operations Major findings of operations Date of op. Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE M. D. or other M. D. or other		
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14. Maiden name		(Include programmy within 8 months of death)
Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill to the tollowing; (Burial, cremation, or removal. Which?) Cemetery or crematory. Location. Date thereof. (month) (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Méans of injury Injured at work? 23. Signature. 24. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 24. VIOLENCE: If death was due to external causes, fill to the tollowing; Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Méans of injury Injured at work? 23. Signature. M. D. or other M. D. or other	= 14. Maiden name	
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Address 520 Park Ave., Towson, Ad. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide	Dolorad T Buck-	
17	- 2 4 1 - 11 (
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. Location. Date thereot. (month) (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Méans of injury Address 23. Signature. M. D. or other	D'I M. in love	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
Cemetery or crematory. Location	17. Old T. J. Date thereot. (month) (day (year))	
Location		
18. Funeral director. Address 19. Man. 12. 1945 Méans of injury Injured at work? 19. Man. 12. 1945 M. D. or other 19. Man. 12. 1945		
18. Funeral director Sellman M. D. or other 19. Man 12 1945 Millian Man 1944	Location Day J. M. C. J. W. C. J.	
19. Man 12 1945 Walliam 1945 And 1945 A	18. Funeral director	Means of Injury Injured at work?
19. Mar. 12 1945 Wallet 1945 4 5 9 416	Address Tourson finely	23 SIGNATURE 1 Wellman MD
	19. Man - 12, 1845 Wallston	603 Bl. D La . Joneson Mr. D. or other

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BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

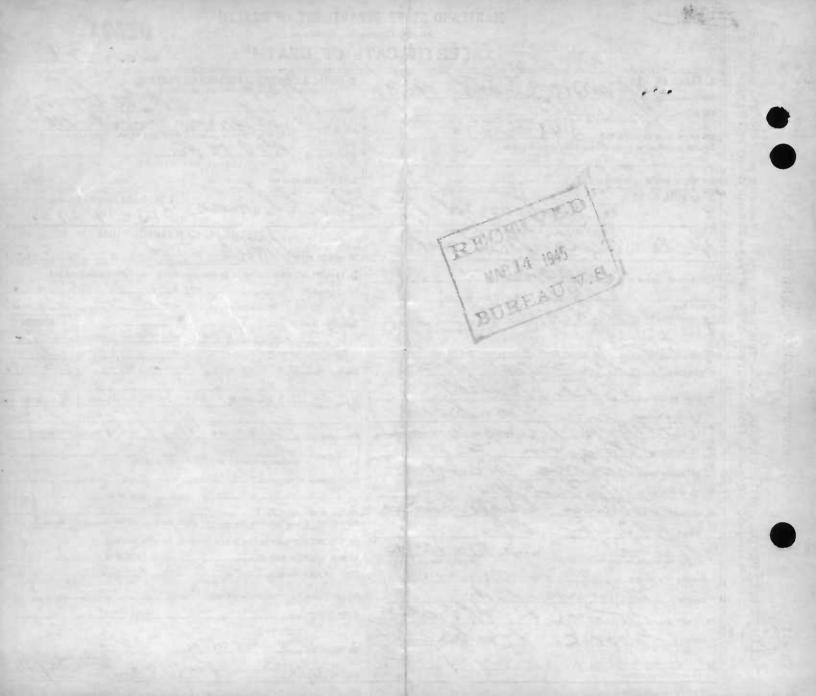
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CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH STORY Time	2. USUAL RESULENCE (HOME) OF DECEASED: (For neutral Apia rive residence of mother)
County	State 1113 / County Delyo Co
City or town	City or town Harry Mel
How long in above place of death?	(It outside city or town limits, with RURAL and give nearest town)
neograe, institution, or street address milet doubt south south south	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
2 dward M. K	Jurillouse 213-09-2729
4. Sollar prace 6.(a) office, married, widowed, or divorced	MEDICAL CERTIFICATION
Male thule Married	20. DATE OF DEATH HONCH. 8-45 19 21 39. M
L'a Merine	21. I C5AJIFY that death occurred on the date above stated; that I attended deceased from
3.(b) Name of husband or will all all all all all all all all all	46m/- 1843 to Merch 8 1845
7. Birth date of Sich date of Sirth date of	and that I last saw h 120 alive on 10 15
deceased (mo., day) years Wonths Days If less than one day	Immediate cause of death
53/1)hrsmin.	Cardio-Vasantis highertent on 6 MB
Holones Pa	Due to Car die failour Mosworks
9. Birthplace (Town, country and office)	Due to.
10. Usual occupation	Due to Cardina Tuppertritty Mulaning
11. Industry or burbases no many	for the second s
12. Name 12.	Dither conditions pluraux Infhritta Internem
	(Include pregnancy within 3 months of death)
14. Malden namulationia footogia 15. Birthplace (millottary, Car.	Major findings of operations.
15. Birthplace (alloward, Ja.	Date of op.
18. Informant leathern Burtehouse	Autopsy results
Address 810 L.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Furial Dato Mercol Mas 10-45	22. VIOLENCE: 1f death was due to external causes, fill in the following;
(Bugal, eremation, or removal. Which (mosth) (day) (year)	Accident, suicide, or homicide
Cemetery or cramatory Lake roawn Cem.	Where did injury occur?
Location Calfinson	Injured at home, farm, Industry, public place (where?)
18. Funeral director J. Com. J.	Means of injury injured at work?
Address 2000 E. Ballo H	. Danna L. Harby
march 8: 45 Daving & Herter	23. SIGNATURE M. D. or our / M. D. or our / //
19. (Automobility assistant)	1 18/43 my 1 mg md 198/43



Registered No.

MARGEL PESERVED FOR BINDING	EASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be can rect age is especially important. Physicians: please write the causes of death clearly and legil
ESE	INK.
MARCHE	UNFADING Physicians: 1
	WITH rtant.
4	PLAINLY, ecially impo
	WRITE ge is espe
-	ASE ct a

CERTIFICATI	OF DEATH SE
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address	2. USUAL RESIDENCE OF DECEASED: (a) State. Md. (b) County. (c) City or town. Baltimore (If outside city or town limits, write RURAL and give town) (d) Street No. 5316 Plainfield Avenue (If rural give location) (e) Citizen of foreign country?
Johanna Butt 3 (b) If veteran, name war 3 (c) Social Security Account No. 4. Sex 5. Color or race of (a) Single, married, widowed, or divorced. married 6 (b) Name of husband or wife Jacob J. Butt. 6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.)	MEDICAL CERTIFICATION 20. DATE OF DEATH Mar 16 195 at 6 AM 21. I certify that deat accurred on the date above stated; that I attended deceased from Mar 2019 5, to Mar (6 19 6) and that I last saw he halive on Mar 519 50 Duration Impredict cause of death Duration 2014
8. AGE: Year Months Days If less than one day hr. min. 9. Birthplace (Town, county, and state) 10. Usual Occupation housewife 11. Industry or business 12. Name Unknown John T- Conter 13. Birthplace Unknown John T- Conter 14. Maiden Name Ubknown Lichweng Boen 15. Birthplace Unknown John John John John John John John Joh	Due to Care Crackers 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
15. Birthplace Unknown 16 (a) Informant Mr. Jacob J. Butt (b) Address 5316 Plainfield Avenue 17 (a) Burial (Burial (Burial, eremation, or removal) (Month) (day) (year) (c) Cemetery or crematory Saint Joseph's Location Baltimore County, Md. 18 (a) Funeral director Leonard J. Ruck (b) Address 5305 Harford to ad 19 (a) 3/1/2 (b) Registrar (Bate rec'd by registrar)	of autopsy: 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying eause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

The correct age

1. PLACE OF DEATH:

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

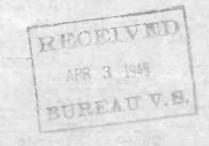
2411 N. Charles St., Baltimore 473

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Dist. No...

County	Dalei	THOT 6		State Maryland County Baltimore City or town (If outside city or town limits, write RURAL and give nearest town)		
			KUKAL and give nearest town)			
	r street address where		<u>rs</u> d:			
			***************************************	Street No. 61 Burk	e Avenue	*****************************
				2.(a) If veteran, name war		
3. (a) FULL NAM	IE.					
		TELLA	EDWARDS CALDE	R	3. (b) Social Securi	ily Number
4. Sex	5. Color or race	L.(a)Singl	e, married, widowed, or divorced	MEDICAL	L CERTIFICATION	
Female					w 6, 19 4	5 1:15P
6.(4) Name of husband	or wifeJb	hn C.	Calder	21. I CERTIFY that death occurred on the da		
			c) If alive, give ageyear	Jan 10	19 49 10	19.4 4
7. Birth date of				and that I last saw h		1945
A A G.F. Year		Del. T	1, 1875	Immediate cause of death		DURATION
8. AGE: Year			If less than one day	200 100 2100 2	ull m	
09	1 3	23	hrs	- Lui	<i>C</i>	3,100)
9. Birthplace	Baltimo	re Co	, Maryland	Due to.		
	(Town,	county, and	state)	Vocamen		
10. Usual occupation.	nouse	wile	••••••	Due to	Sexets	
	ss At					
12. Name	Charles	Edwar	rds	Other conditions	•••••••••••••••••••	0.0004
13. Birthplace	Marv	land				
E	A-m-0-m	as Pa	wards	(Include pregnancy with	in 3 months of death)	
14. Malden name.	Aman Ma Dert C. C	QaRQ	Natus	Major findings of operations	·······	
15. Birthplace	Ma	ryland	d		Date of on	
16. Informant Roll	ert C. C	alder	***************************************	Antopsy results		
61 F	Burke Ave	Тот	wson, Md.	PHYSICIAN: Flease underline the cause		
				22. VIOLENCE: If death was due to externa	at causes, fill in the following;	
17. Burisl cremation	or removal Which?	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of	
			urch Cemetery			
		-		Where did injury occur?(City or to		(State)
Location	nig Green	Pal	to.Co. Md.	Injured at home, farm, industry, public plac	ce (where?)	
18. Funeral director	John L	Jura	a Some	Means of Injury	Injured at work?	
	//		h /1/	700-	1	
Addiesz .1.	son, Mar	yland	Mullipa	23. SIGNATURE	racu	succession of
19. Mar	9 19.45 gistrar)	MA	Worker I Alla The	1 2 2 M & 0	M. 1	D. or other
(Date rec'd by re	gistrar)	1/26	With 16 Cal Registrar	Address	Date signi	FLOV JUY



BITMENT REPORTED BY SERVICE STATE OF

RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			-
	025	78	
Reg.	Dist. No	41	

1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State		
			۹			
City or town(If out	eide city or town	limits, write l	End tural and give necrest town)		100000	
Name takes along along of	dans 3 de	RVS		City or town Palinore (If outside city or town limits, write RURAL and give nearest town)		
Hospitat, Institution, or st	reef address where	death occurre	: Vets.Adm. Fac.	Street No. 2741 Rayner Ave. Ralto., Md.		
Fort io	ward, Hai	yland	088000.0000.0000.0000.00000000000000000	(If rural, give LOCATION)	/	
How long in hospital or in	stilulton?	3 days		2.(a) If yeleran, name war		
3. (a) FULL NAME						
CLEMENTS	, Paul Ja	anes				
4. Set	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
lale	Thite	Ma	rried	15.00 10.00) A	
		1		20. DATE OF DEATH	d&	
6.(6) Name of busband or	wifedna.	Clemen	ts	2f. I CERTIFY that death occurred on the dals above slated; that I attended deceased from	1 6	
		8.6	c) If alive, give ageyear	arc. 1 19.45 to lerch 4 19.4		
7. Sirth date of	0 1 -1	er 6, 1		are that t last saw it		
deceased (mo., day, yr.)	I Months	Days	If less than one day	Immediate cause of death		
O. AGL.				TB chr. pul. Far advanced lyr	n.h.il	
54	4	27			******	
9. Birthniaca	ella, Ma	rvland	state)	Due fo		

fO. Usual occupation	Cloth	Inspec	tor	Due to		
f1. Industry or business						
E 12 Name	ames Cle	nents	***************************************	Diher conditions excrehoids ext		
F	arvland					
		0.30		(Include pregnancy within 3 months of death)		
E		Q.[.]	***************************************	Major findings of operations		
15. Birthplace	Maryland					
f6. Informani Cl	inical R	ecords				
		10 7	31 1 3 163	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
- 1		rec.,r	reof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, c		Dale the	reof(month) (day) (year)	Accident, suicide, or homicide	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	1 audi	Par	k,	Where did injury occur?		
Cemetery or crematory	1 ,	1 0				
Localion 390	1 Frede	uck /4	1	Injured at home, farm, industry, public place (where?)		
18. Funeral director	tarry &	·w	The	Means of Injury Injured at work?	_	
Address 4101	2/1	· Na -	- Are	025		
Address 7/0/	oamor	· ·	" 114	23. SIGNATURE		
. 3/-) NS	u	W. Hidrich			
(Date rec'd by regi	(trar)	······	Registra	Address		

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information care of death clearly tem of RESERVED FOR BINDING Supply lease wri ADING PAK.

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PLAINLY, vis especially

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (247)



M. D. or other

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore (For newborn infants give residence of mother) Catonsville Maryland Baltimore How long in above place of death? 3 yrs., 2 mos., 23 days Hospital, institution, or street address where death occurred: 929 Valley Street Spring Grove State Hospital (If rural, give LOCATION) How long in hospital or institution? 3 yrs., 2 mos., 23 days 3. (a) FULL NAME 3. (b) Social Security Number Margaret Clift (Mary Elma) 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Divorced Female White 20, DATE DE DEATH March 1 19 45 11 12:50 am William T. Clift 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife.... December 6 19 41 to March 1 and that I last saw h er alive no September 27. 1888 deceased (mo., day, yr.) DURATION 8. AGE: If less than one day Terminal broncho pneumonia 24 hours 56 Andrews, South Carolina (Town, county, and state) Chr. myocardial insufficiency Indef. Housewife 10. Usual occupation..... Cirrhosis, Laennec's Home 11. Industry or business William S. Camlin Other conditions Splenomegaly Andrews, South Carolina 14. Maiden nat (Include pregnancy within 8 months of death) Mary Ella Avant Andrews, South Carolina Hospital records Antopsy results As above 16. Informant..... PHYSICIAN: Please underline the cause to which death should be charged statistically. Catonsville, Balto .- 28. Md. Address 22. VIOLENCE: It death was due to external causes, till in the tollowing: 17. Burial (Burial, cremation, or removal, Which?) Date thereot 3-20-45 (month) (day) (year) Accident, suicide, or homicide..... Spring Grove State Hospital Where did injury occur?(City or town) Catonsville 28. Md. Injured at home, tarm, Industry, public place (where?) Spring Grove State Hospital Injured at work? Means of Injury 19. Funeral director.... Catonsville 28. Md Address

Robert E. Gardner, M.D. M. D. o. dress Catonsville, Balto. -28, Mgale signed.

RECEIVED

APR 2 1945.

BUREAU V.S.

PRODUCE SOSTERIOR EN PROPERTIE DE LOS PARES DE LOS PARES DE LA PROPERTIE DE LA

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 134-CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore Towson, 4 Maryland (If outside city or town limits, write RUBAL and givenearest town) How long in above place of death? every item of information carefull ite the causes of death clearly an Hospital, Institution, or street address where death occurred: Eudowood Sanatorium Towson, Md. (if rurat, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 215-14-0313 MEDICAL CERTIFICATION RESERVED FOR BINDING 1945 at 11-25 PM 21. LCERTIFY that death occurred on the date above stated; that, attended decaded from 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: 10. Usual occupation. 11. Industry or busines: important. (Include pregnancy within 8 months of death) Major findings of uperations PLAINLY, V 16 Informan Personal History, Hospital Record PHYSICIAN: Flease underline the cause to which death should be charged statistically. Eudowood Sanatorium, Towson, Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? (County) (City or town) Injured at home, farm, industry, public place (where?) ... erura Sons Injured at work? Means of Injury

Maryland

Address Towson,

Card came in from Endouvoil expelt Corkeran ~ \ sterle 2411 N. Charles St., Baltimore

Supply every item of information carefully. The correct age please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNFADING INT. is especially important. Physicians.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infantagive residence of mother)
City or town (If outside city or town limits, write RURAL and five nearest town)	County County
How long in above place of death?	City or town (17 outside city or town limits, write RURAL and give nearest town)
Nospitat, institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) tf veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Alumon Elizab	ethe Cochron -
4. Sex 5. Color or race b.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white widow	20. DATE OF DEATH March 11, 19 45 at 2 3%
6.(b) Name of husband or wife your cockeran	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	14. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4
7. Birth date of	years and that I last saw h. A. alive on
deceased (mo., day, yr.) (14-18-63	Immediate cause of death
8. AGE: Years Months Days If less than one day	^
79 7 24hrs.	
9. Birthplace Rutledge Harford Co ma	Due to.
(Town, county, and state)	
10. Usual occupation. It were sweete	Due to.
11. Industry or business	
12. Name offer I solore	Other conditions
12. Hame Clark Callone 13. Birthplace & releand	
	(Include pregnancy within 3 months of death)
14. Maiden name Catherine Kelley 15. Birthplace Freland	Major findings of operations.
El 15. Birthplace	Oate of op.
16. Informant files clerce Frenche	Antopsy results
Address 2704 Glandale Rd Parkvell	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17 Berreal Date thereof Mar. 14 78	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory It There There grain	Where did injury occur?
Location Jong frem Baly comed	Injured al home, farm, Industry, public place (where?)
Janua Tan Go King Si	Mcans of tnjury injured at work?
18. Funeral director	Z)
Address Janel Burgon M. 1	H. G. Gratt. L. D
man 11 46 MALPONO AN HOLLAN	23, SIGNATURE
(Date rec'd by registrar)	trar Address 8100 Herful Robert 3/12/7

Registrar Address 8100 Hunful Bolened 3112/75

APR 3 1949 BUREAU V.S.

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M)	age		1.	Trans	•
		/ 15			

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-2)

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

02582

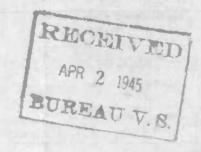
County Raltimore					(For newborn infants give residence of mother)		
City or town Fort Howard aryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 54 days. Hospital, institution, or street address where death occurred:					State Maryland County City or town Raltimore (If outside city or town limits, write RURAL and givo nearest town)		
					TP.	ort Hou	ward W.
How long In	hospital or ins	titution?	54 day	S	2.(a) If veteran, name war	······································	
3. (a) FUI	L NAME				3. (b) Social Securi	ty Number	
		Joseph	Covahe	v			
4. Soz		Color or raco		le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male		White	3	arried		0 57 4	
					20. DATE OF DEATH 9.Ch 4 19.45		
8.(6) Name o	f husband or w	rife Els:	ie Cove	ney	21. I CERTIFY that death occurred on the date above stated; that I attended d		
				(c) If ailve, give ago	January 10 19 45 to srch		
7. Birth date	01		8/94	, , , , , , , , , , , , , , , , , , , ,	and that I fast saw h. J.M. alivo on Arch A	194.5	
8. AGE:	mo., day, yr.) Years	1 Months	Days	It less than one day	Immediate cause of death		
o. Aue:	50	11	13		PRONCHOGENIC CARCING A L FT LUNG	.A. maanlu	
9. Birthplace		ryland (Town	, county, and	state)	Due 10		
		0 0 40 (TTn 00 00 no 00 To 00 00 00 0	60 000 00 00 00 000 0000 000		Due to	1	
11. Industry		~ .			1 2 1 2		
			ey		Other conditions Rronchitis, chronic	***************************************	
	place Ire	land			TB chr . nul minimal arrested (Include pregnancy within 3 months of death)		
置 14. Maid	en name	ary 11	cilaeve.	***************************************			
14. Male 15. Birth	place	Irelan	d		Major findings of operations. Date of up.		
		ical Re	cords		Antopsy resnits		
				Howard, Md.	PHYSICIAN: Please underline the cause to which death should be charge	red statistically.	
Address					22. VIOLENCE: If death was dud to external causes, till in the following:		
17	urial	removal. Which	Date the	(month) (day) (year)	Accident, suicide, or homicide	***************************************	
					Where did injury occur?		
Cemetery or crematory Dellamin Ballimal							
Location	solo	As Au	1		Injured at home, farm, industry, public place (where?)	90,000.0000.000000000000000000000000000	
18. Funeral	director	A. Lee	Öder		Means of injury Injured all work?		
Address				imore, Md.	1-17	40	
n	11		- /	1.1/1/1/01.	SIGNATURE M.	D, or other	
19(Date re	e'd by regista	19 4	2	n/4 N Registrar	Address Date sign	ed	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltinore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town	State Md. County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Mrs. Hoods Nursing Home	Street No. 1633 N. Walte St. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veferan, name war		
3. (a) FULL NAME MARY HAMILTON COWMAN	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH. March 30 1945 at 1845		
6.(b) Name of husband or wife George Washington Co 7. Birth date of	WMan 21. I CERTIFY that death occurred on the date above stated; that I aljended deceased from 19. 45. 10. 10. 10. 11. 11. 11. 11. 11. 11. 11		
deceased (mo., day, yr.) May 2, 1857	Immediate cause of death DURATION		
8. AGE: Years Months Days It less than one day	Kerelerse Hemour hage 3 days		
9. Birthplace Baltimore Md (Town, county, and state) Housewife	Que 10. Creluse Orles 00		
11. Industry or business	Due to.		
12. Name Henry Hamilton Durkee Baltimore, ,d	Other conditions alex to 2000 to arrison		
	(Include pregnancy within 8 months of death)		
14. Malden name Julia Marfield 15. Birthplace Maryland	Major findings of operations.		
16 Interment Mr. Wilbur Cowman	Oate of op.		
IV. Interment	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 510 N. Highland Avenue			
17. Burial (Burial, cremation, or removal, Which?) Oate thereof. (month) (day) (yes			
Cemetery or crematory Loudon Park Cemetery	Where did injury occur?		
Location Ealtimore, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director HENRY SANDER & SONS, INC.	Means of Injury Injured at work?		
Address NORTH AVE. & BROADWAY	Marie S. T.		
19. (Date rec'd by refistrar)	23. SIGNATURE. M. D. or other 3 - 3 (



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PLEASE.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)



CERTIFICATE OF DEATH

02584 Reg. Diat. No. 30

1. FLACE OF PEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street eddress where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give recidence of mother) State City or town (If outside city or town limits write RURAL and give nearest town) Street No. 39 (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME Margaret & Ca	Alex 3. (b) Social Security Number		
4. Sex 5. Color or rice 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.45 at 10. M 21. I CERTIFY that death occurrer on the date above stated: that I ettended deceased from 13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15		
deceased (mo., day, yr.) 8. AGE: Yeers Months Days if yes than one day 80 ### hrs. min. 9. Birthplace	Immediate cause of death 1 ephritis 2 meeks Due to Cardio Valeuror Resel Des 5 yes?		
10. Usual occupation. 11. Industry of pusiness 12. Name of Marian Statement Statemen	Oue to		
14. Malden name 11. 15. Birthplace 11. Informant 11. Infor	(Include pregnancy within 8 months of death) Major fiedings of operations		
Address 39 14de the about 11 15 17 18 18 18 18 18 18 18 18 18 18 18 18 18	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Dates In The	Injured at home, farm, Industry public place (where?) Means of Injury Linjured at work? 23. SIGNATURE. M. D. or other		
19. (Date rec d by registrar) 18. (Date rec d by registrar) Registrar	Address Bate speed 3-11-45		



The correct age

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING TNK. Supply every item of information carefully. The co is especially important. Physiquan please write the causes of death clearly and legibly. VS A15

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (142)

02585

CERTIFICAT	TE OF DEATH Reg. Diat. No. 4		
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
7 NNA LOUIS - DAVIS	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced DIVORCEC.	20, DATE OF DEATH PAUL V912 19.45 et 1 2 a. M		
8.(6) Name of hueband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19		
8. AGE: Years Monthe Daye If less than one day 59 5	Immediate cause of death Duray Celusin 15 30 km		
8. Birthplace FLORIDA (Town, county, and atate) 1D. Usual occupation HOUSE WIFE	Due to.		
11. Industry or business AT HOME.	Due to		
12. Name ? M.C.W.I.L.I.A.M. 13. Birthplace UNKNOWN	Other conditione		
14. Malden name	(Include pregnancy within 8 months of death) Major findings of operations.		
	Date of op.		
16. Informant JUANITA MCLYMAN (DAUGHTER) Address 133 VENTNOR TERRACE DUNRALK MI	Autopsy results		
17BURIAL Date thereof MAR 31/45. (Burial, cremation, or removal, Which?) Cemetery or crematory. SCHWARTZ	** 22. VIOLENCE: If death was due to external causee, fill in the following; Accident, suicide, or homicide		
Location ODONNELL ST a 18. Funeral director Select Gallet	Injured at home, farm, Industry, public place (where?) Means of Injury, Injured at work?		
Address 403 S WOFFE ST. 19. March 29 19. TS hiften by fruits (Date ree'd by registrar) Registrar	23. SIGNATURE M. D. Scarre Barry of other . Address D. D. L. Scarre Barry of the signed M. H. L. Scarre Barry of the signed M. L. Scarre Barry of the signed M. H. L. Scarre Barry of the signed M. L. Scarre Bar		

SELLARD STATE DEPARTMENT OF PERSON

CERTIFICATE OF DEATH

MAY 5 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-8)

02586

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For sewborn infants give residence of mother) State County County		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 50 years	City or lows		
Hospital, Institution, or street address where death occurred:	Street No		
	(If rurai, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
James B. Davis	none		
4. Sex 6. Color or raco 6.(u)Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION		
male while manie	20. DATE DF DEATH MAR 17 18 4 5 at 9 3 M		
6.(b) Name of husband or wife Many E. Danis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(o) Name of hisband of wife	Mana 1 42' / 18 11		
7. Birth date ot Sirth date of	and that I last saw h 77 alive on 224 1 is 19 2 5		
deceased (mo., day, yr.) New 29 1857			
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION		
87 3 18hrsmin.			
Pa			
9. Birthplace (Town, county, and state)	Due to		
10. Usual occupation Retriel Farmer			
	Due to		
11. Industry or business			
# 12. Name Joh Davis	Other conditions Chrome hepalistis		
12. Name Davis La 13. Birthplace Pa	Chronic hypeullis		
	(Include pregnancy within 3 months of death)		
14. Maiden name Come Radium 15. Birthplace. Pa	Major findings of operations		
E 15. Birthplace, Pa	Date of on.		
18. Interment Mrs many E Davi	Autoney results.		
1 1 2/11 5/	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address while I have I	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
(Bnrial, cremation, or removal, Which?) (month) (dny) (year)			
Cemetery or crematory Welst Liberty	Where did injury occur?		
location while Itall. Tall	injured at home, farm, industry, public place (whers?)		
18. Funeral director Hound S. Mubhic	Means of Injury Injured at work?		
Address while Italy. Ind	al transc		
	23. SIGNATURE. M. D. or other		
10 March 19 1045 Min Howard S. Marth	ne Parleton and 3/19/100		

ole of a figure in all their back

100

RMOLLVED APR 4 1945 BUREAU V.S.

De 3/2/145

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

02588

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbarn infants give residence of mother)
County Tables	· hal
City or town	State County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street eddress where death occurred:	Street No. 28 Belgroun Tel.
	(If rural give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Scarge Withel	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed for divorced	MEDICAL CERTIFICATION
M. W. huidawed	2D. DATE DF DEATH 20ch 10/45 19 at 3:38 H. A
Oto 11. to 1 : At 1 Oct	2 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	apr 15 19.41 to Mar 10 19.45
7. Birth date of	and that I last saw hilm alive on May 10 19.40
deceased (mo., day, yr.) Qet . 29, 1858	Immediate case of death
8. AGE: Years Months Days If less than one day	Cerebral anterio - 7
\$6 7 4 10ml	
9. Birthplace	Due 1g.
9. Birthplace (Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business farmer,	
12. Name Prederick Miles 13. Sirthplace	- Other conditions
13. 8irthplace	
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
E 15. Sirthplace	
16. Informant Mrs. Marie Misse	Autopsy results.
Address 28 Belevane Rd Gal.	PHYSICIAN: Please ouderline the cause to which death shoold be charged statistically.
Burial Date thereof 3/13/45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 24 Mily Cronglial Letthery	Where did injury occur?
Location Harfard Ea prel. Ch	· laiured at home farm industry nublic place (where?)
Liter A Without	Means of Injury Injured at work?
18. Funeral director	
Address 406 de donondios au	23. SIGNATURE CAREFROS King
19 3/13 18 41- 19/10/-le	M. D. or other
(Date rc d by registrar)	at Address 13 16 W Lombard II Date signed 21 10/4 5

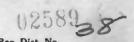
Wr. Ralling
1324W. Lombard

APR 2 1945 BUREAU V.S. carefully

information of death cle

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Quay



CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Baltimore Baltimore Parkville.
(If outside city or town limits, write RURAL and give nearest town) City or town Parkville
(If outside city or town limits, write RURAL and give nearest town) Now long in above place of death?..... Hospital, institution, or atreet address where death occurred: 7906 Ardmore Ave. (If rural, give LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number Philip Doeller
6.(a)Single, married, widowed, or divorced 5. Color or race 4. Sox MEDICAL CERTIFICATION male white widowed Julia Messinger 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from march. 7. Birth date of July 26.1864 deceased (mo., day, yr.) DURATION If less than one day 8. AGE: 80 Baltimore Md. 10. Usual occopation......none 11. Industry or business 12. Name Not Known

13. Birthplaco (Include pregnancy within 3 months of death) Kapple 14. Maiden name..... Major findings of operations..... 15. Birthplace not known George Della PHYSICIAN: Please underline the cause to which death should be charged statistically. 250 S. East Ave. 22. VIOLENCE: If death was due to external causes, fill in the following; 17. Burial (Burial, cremation, or removal, Which?) Date thereot Oak Lawn Where did injury occur? Cemetery or crematory..... (City or town) (County) Eastern Ave. injured at home, farm, industry, public place (where?) Injured at work? Means of Injury 18. Funeral director Clarence F. Hoffmann 1639 N. Broadway 23. SIGNATURE

MARGIN

important.

WRITE

Rec 3/19/45

. Supply every item of information carefully. The please write the causes of death clearly and regin

PLEASE WRITE PLAINLY, WITH UNFADING is especially important. Physical

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-CERTIFICATE OF DEATH

02590

Reg. Diat. No.

1. PLACE OF DI	EATH: timore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
		erd mits, write RURAL and give nearest town)	State Maryland County County		
How long in above place	ce of death? 18	Days	City or town Love Point (If outside city or town limits, write RURAL and give near		
Vets. Adm	or street address where • Fac • For t	death occurred: Howard, Maryland Days			
3. (a) FULL NAM					
3. (a) FULL NAM		J. ERHARDT	3. (b) Social Security I	Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Married	2D. DATE OF DEATH. March 14. 19.45.	at.5.:10P	
The second secon	•	ie Erhandt	Hehriorit 24 4045 in March 14	,192.5	
deceased (mo., day,		-18-98	Immediate cause of death Disease of the Heart	DURATION	
8. AGE: Yea		Days It less than one day	Rheumatic Fever, myocardial damage		
4	6 8	23hrsmin	Myocardial Insufficiency	3 Yrs.	
10. Usual occupation		Iaryland county, and state) Policeman	Due to	plus	
11. Industry or busine		RHARDT	Other conditions none		
E				\$1.000.000.000.000.000.000.000.000	
13. Birthplace		ALTO.MD.	(Include pregnancy within 3 months of death)		
14. Malden name	. Jennie I	OERFLER	Major findings of operations. none		
15. Birthplace	? E	BALTO MD.	Date of op		
n-		ords, Vets. 4dm. Fac.		00************	
17 Buria (Burial, cremation	on, or removal, Which? Baltime Bal	Date thereof MAR 19/45 (month) (day) (year) ore National Cemetery timore, Maryland	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	(State)	
18. Funeral director.		& Zeiler Inc Wolfe St., Balto., Md.			

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Registrar Address.

Street No.....

Maryland

Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) 1151 West Cross Street

1. PLACE OF DEATH: Baltimore Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 year, 10 months, 26 days Hospital institution, or street address where death occurred: Sping Grove State Hospital

How long in hospital or institution? 1 year, 10 months, 26 days

(If rural, give LOCATION) 3. (b) Social Security Number

Isabelle Fleischer 6.(a) Single, married, widowed, or divorced 5. Color or race 4. Sex

female white married William Fleischer B.(b) Name of husband or wife ...

7. Birth date of September 1, 1881 deceased (mo., day, yr.)

If less than one day 63 22

8. AGE: Baltimore, Md. 9. Birthplace.....

housewife In. Usual occupation...... home 11. Industry or business

12. Name...... 13. Birthplace John Weiss 12. Name..... Baltimore, Md. Joan Hillery 14. Malden name..... 15. Birthplace Baltimore, Md.

Hospital Records 18. Informant..... Catonsville-28, Md.

(Burial, cremation, or removal. Which?

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 19 45 at 6:30 DM

21 I CERTIFY that death occurred on the date above stated: that I attended deceased from April 25, 1942 19 to March 22 19 45 and that I last saw h. e.r. alive on March 22 19 45 DURATION Immediate cause of death.....

Terminal pneumonia 3 days Chronic Myocarditis Indef.

Generalized arteriosclerosis.

Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; Where did injury occur?(City or town)

Injured at home, farm, Industry, public place (where?)

(Include pregnancy within 8 months of death)

Meetis of Injury

carefully

information

item of

important.

PLAINLY, is especially

WRITE

BINDING

FOR

RESERVED

MARGIN

3. (a) FULL NAME

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4.-9

CERTIFICATE OF DEATH

025**5**2

			Reg. Diet. No	
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of r	F DECEASED:	
County Baltimore				
City or town	I'd	State Maryland County Diling		
	7.5	City or town	write RIIRAL and give no	amore tanen)
Hospital, Institution, or street address where de	eath occurred:	Street No. Knights of Colum		
Vets. Adm. Fac. Fort		Street No		,
How long to hospital or institution? 4 Ds.	ys	2.(a) tf veteran, name war	***************************************	V
3. (a) FULL NAME			3. (b) Social Security	Number
GEORGE	J. FRANK			
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male White	Widowed	20. DATE OF DEATH March 3	19.45	at 4:05 A.
S. (b) Name of hosband or wife	wed	21. I CERTIFY That death occurred on the date about		
		February 27, 194	5 to March 3,	19.45
		and that I last saw h. ill alive on Mar c	h 3,	19.45
	0-1890	Immediate cause of death	********************************	DURATION
8. AGE: Years Mooths	Days It less than one day	Carcinoma of Pancreas	e with	
54 2	10min.	metastasis to liver		
9. Birthplace Baltimore. (Town, co	Maryland ounty, and atate)	Due to		
	ate ^D usiness			· · · · · · · · · · · · · · · · · · ·
		Due to		***************************************
11. Industry or business See abov				
12. Name Henry Frank 13. Birtholace Germany		Other conditions Healed G. S.W.	right arm &.	• • • • • • • • • • • • • • • • • • • •
		right hip, below hear	t non-symptom	tic
14. Malden name	chmidt			
E 15. Birthniace Germany		Major findings of operations	***************************************	
			Date of op	••••••
77 1 77 3	ords, Vets. Adm. Fsc.	Autopsy resultsPHYSICIAN: Please underline the cause to whi		
		22. VIOLENCE: If death was due to externat caus	es. filt to the following:	
17Burial (Surial, cremation, or removal. Which?)	Date thereof (month) (day) (year)	Accident, suicide, or homicide		
	re National Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location	re, Maryland	trijured at home, farm, lodustry, public place (who	ere?)	
	Mor an	Means of injury	Injured at work?	Mus
	ad. Baltimore. Md.			
Address IOTK RO	ade, saldinore, ade	23. SIGNATURE		***************************************
10 3/5 10 45	H'W Hednel	C.J. KB. NEY.	D. CLINIC M. D.	or other [
19. O S 19. 45. (Daty rec'd by registrar)	Registrur	Address Foct Howard, Ma	ryland Date signed.	3-3-45

PLAINLY, WITH UNF is especially important.

PLEASE WRITE

VS A15

Supply every item of information carefully. The correct age ease write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

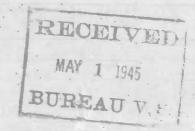
2411 N. Charles St., Baltimore 93

02593

CERTIFICATE OF DEATH

Dist No 30

nsville	nits, write RURAL and give nearest town)	State Maryland Coun	s	
reet address where d rove State stitution?6y.a	rs. 11 months, 24 days. eath occurred: Hospital ars, 11 months, 24 days	Street No. 1007 Fornest Street (If rurni, give LOCATION) 2.(a) If veteran, name war. 3.(b) Social Security Number		
. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
w	separated			, at 10:55PM
		21. I CERTIFY that death occurred on the date abov	e stated; that lattended decea 38, 10March28 March28.,	sed trom
Months	Days It less than one day		100	
8	21hrsmin.	Chronic myocardia	l insufficien	cy 2 mths
junk col him mes P. Fu	lectorself	Due to	clerosis	indef.
Mary Ca		Major findings of operations	Date of op	
		PHYSICIAN: Please underline the cause to whi	ich death should be charged	etatistically.
Spring (Spring (Spring (Spring (Spring (Catonsvi)	Date thereot. 4-19-45 (month) (day) (year) Grove State Hospital Review State Hospital Grove State Hospital Lie 28, Maryland	Accident, suicide, or homicide	(County) ere?) Injured at work?	(State)
	Will 5. Color or race W Wife	Willie Fugate 5. Color or race 6.(a) Single, married, widowed, or divorced we separated wife	Willie Fugate 5. Color or race W separated Wise. Sadie Lowenstein S. (c) Hallve, give age. ? years July 7, 1871 Months Days Hess than one day 21 1 1 1 1 1 1 1 1	Willie Fugate 5. Color or race W Separated 20. DATE OF DEATH March 28, 19.45. 21. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4, 19. 38, 10. Mearch 28, 19.45. 21. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4, 19. 38, 10. Mearch 28, 19.45. 21. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4, 19. 38, 10. Mearch 28, 19.45. 21. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4, 19. 38, 10. Mearch 28, 19.45. 21. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4, 19. 38, 10. Mearch 28, 19.45. 21. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4, 19. 38, 10. Mearch 28, 19.45. 21. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4, 19. 38, 10. Mearch 28, 19. 45. 22. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4, 19. 38, 10. Mearch 28, 19. 45. 22. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4, 19. 38, 10. Mearch 28, 19. 45. 22. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4, 19. 38, 10. Mearch 28, 19. 45. 22. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4, 19. 38, 10. Mearch 28, 19. 45. 22. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4, 19. 45. 23. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4, 19. 45. 24. I Mearch 28, 19. 45. 25. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4, 19. 45. 26. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4. 27. I CERTIFY that death occurred on the date above stated; that I sitended deces April 4. 28. I Mearch 28, 19. 45. 29. I Mearch 28, 19. 45. 21. I CERTIFY that death occurred on the date above sta



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 4 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: (a) Baltimore Sor Maryland (c) Hospital or institution: (If outside city or town limits, write RURAL and give town) (d) Length of stay in hospital or inst. (yrs., mos., or days). (e) Citizen of foreign country?.....(Yes or No) (e) Length of stay in Baltimore (yrs., mos., or days)..... If yes, name country..... 3 (a) FULL NAME information 3 (c) Social Security Account MEDICAL CERTIFICATION 3 (b) If veteran, name war No. 20. DATE OF DEATH March 13 1945, at 1:550 M 4. Sex 5. Color or race 6 (11) Single, married, widowed, or 21. I certify that death occurred on the date above stated; that lattenddivorced. ed deceased from march 1944, to march 1319.45 and that I last saw han alive on march 13 19 45 6 (b) Name of husband or wife. 6 (c) If alive, give age Immediate cause of death Duration 7. Birth date of deceased (mo., day, yr.) May 8-If loss than one day 8. AGE: Years Months Days 9. Birthplace (Town, county, and state) 10. Usual Occupation 11. Industry or business Other Conditions PHYSICIAN (Include pregnancy within 3 months of death) Date of operation..... 13. Birthplace Underline the Major findings of operation: 14. Maiden Name death should be charged statis-15. Birthplace 22. If death was due to external causes, fill in the following: 16 (a) Informant, (a) Accident, suicide, or homicide..... (b) Address 3 (b) Date of occurrence..... (Burial, cremation, or removal (c) Where did injury occur? (City or town) (c) Cemetery or crematory (d) Did injury occur about home, on farm, industrial place, in public ... While at work? 18 (a) Funeral director. (e) Means of injury (b) Address Address 2201 W. north and Date signed 5-13. 45 VS 150

pec di 11.5. 1

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are eonsidered to be identical. The underlying eause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying eause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be seeured from the Baltimore City Health Department.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-6

CERTIFICATE OF DEAT

02595

D	EA	TI	Ţ		-		
-			_	Ran	Dist	Ma	

FIC

County Ba			***************************************	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	Catonsyille (If outside city or fown limits, write RURAL and give nearest town)			State Maryland Con		****
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			22 days	City or town Baltimore (11 outside city or town limit Street No. 3606 Brooklyn	s, write RURAL and give ne	arest town)
			22 days	(If roral, give	LOCATION)	1
3. (a) FULL NAM		monra,		2.(a) If veleran, name war.		•••••••••••••••••••••••••••••••••••••••
J. (G) POLL RAM	Annett	a Gess	er		3. (b) Social Security	Number
4. Sex	5. Color or race		e, married, widowed, or divorced married	MEDICAL CI	ERTIFICATION	at 3:00 Pm
6.(b) Name of husband	or wite Geo	rge V.	Gesser	21. I CERTIFY that death occurred on the date abo		
			c) If alive, give age45years	and that I take out a transportation of the continues of	March 2,	194.5
8. AGE: Years 37		Days	It less than one day	Immediate cause of death		1 month
			state)	Due to Ceneral paresis		Indef.
10. Usual occupation 11. Industry or busines				Due to	••••••••••••••••••	
ad I	- HOMO			Other conditions		
441	Pearl (Fasick	(Include pregnancy within 3 n		
	Pen		nia	t. none		
	*		ore - 28. Md.	Autopsy results		
17. But (Burial, cremation,	or removal Which?)	Date there	(month) (day) (year)	22. VIOLENCE: It death was due to external cause	Dale of	
	,		Pa,	Where did injury occur?(City or town)		
	/ 1/ /	13	21)	Injured al home, farm, industry, public place (wh Means of Injury	Injured at work?	
18. Funeral director	John 1	hert	Weber Hulet	1	71	
	3 19 4 5 ristrar)	1	Challes out	23. SIGNATURE Robert E. Gard Address Baltimore - 28, M	ner, M.D. M.D.	or other

THE STATE OF THE S

REGORITY INTO

BURNAME

2411 N. Charles St., Baltimore 30-9-

CERTIFICATE OF DEATH

(If outside city or town limits, write RURAL and give nearest town)

3. (b) Social Security Number

4 Hrs.

Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) State Maryland County Baltimore

Street No. 414 Myrtle Ave.
(If rnral, give LOCATION)

3. (a) FULL NAME

of death clearly and legible

information

1. PLACE OF DEATH: County Raltimore

How long in above place of death? 118 Days Hospital, Institution, or street address where death occurred:

4. Sex

6.(a)Single, married, widowed, or divorced

Vets. Adm. Fac. Fort Howard, Maryland How long in hospital or institution? 118 Days

Colored Married Male

6.(b) Name of husband or wife ... Hary Ghee

July 15, 1896 deceased (mo., day, yr.) Il less than one day 8. AGE:

9. Birthplace Chase City, Virginia (Town, county, and state)

10. Usual occupation Bar Tender

11. Industry or business

12. Name John Ghee
13. Birthplace Virgin Virginia

14. Maiden nam 14. Malden name Ellie Pollard

16 Informant Clinical Records, Vets, Adm. Facility Fort Howard, Maryland

Virginia

17 Burial (Burial, cremation, or removal. Which?) Date thereof 3/19/4 Cemetery or crematory Baltimore National Cemetery Baltimore, Maryland

18. Funeral director Elroy C. Wilson

Address

1000 Brantley Ave., Balto., Md. Registrar | Address ... MEDICAL CERTIFICATION

20. DATE OF DEATH March 14. 19.45 at 0:55A . M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 16, 19 44 to arch 14, 19 45 and that I last saw h i I alive on March 14 1945

Immediate cause of death.....

Syphilis, latent

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Where did Injury occur?(City or town)

Injured at home, farm, Industry, public place (where?)

Means of Injury

KEN EY, M.D. CLI IC M. D, or other TOR Howard, laryland Date signed 3-14-45

PLAINLY, is especially

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

correct age

.. Supply every item of information carefully. The please write the causes of death clearly and legib

PLEASE/WRITE PLAINLY, WITH UNFADING is especially important. Physic

SA

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Battimore 13-6

CERTIFICATE OF DEATH

Diat. No. 32

					1000	***************************************
F DEAT	H: .more			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
Mou	nt Wils	son		State Maryland Coun	17	
City or town (If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)			
			d: Mt. Wilson			
Branch, Md. Tuberculosis Sanatorium						
spital or in	stitution? L. Y.I	5 n	10s.,24 days	2.(a) if veteran, name war	••••••••••••••••••••••••	V.
3.(a) FULL NAME John Graddick					3. (b) Social Security I	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced				MEDICAL CE	1	J 111
	White		Separated	20, DATE OF DEATH March 22,	194.5	at 7:00 A
ushand or	wite					
					· ·	
						19.45
	Months	Days	If less than one day			DURATION
	100000000000000000000000000000000000000					5 yrs.
	(Town,	county, and	state)	Due 10dr. bol. hot. Sec. de. Soc. adm. Sec	·····	***************************************
pation	Iron W	Jorker		Due to		***************************************
business				DUC 10		
Jo	hn Grad	ldick		Other conditions Tuberculous	Laryngitis	.9 mos.
	uth Car	olina				
name	Florence	e Bro	om			
200						
				PHYStCIAN: Pteaso underline the cause to whi	ch death should be charged	statistically.
423	E. Lanv					
ial	W/h/-h-9	Date the	reof Mar 23, 1945			
						/(7tata)
						(oute)
					injured at work?	
				/ 0	/ / /	
33 E	. Olive	er St.	, Balto., Md.	23. SIGNATURE Stewart	1 Shaffe	cmix).
a22	19.45 trar)	Ea	17 Webster Registrar	Address Mount Wilson I		
	malti MOV (If out re place of filon, or st. place of filon, or	Mount Wile (If outside city or town) re place of death? 1 YI NAME John G Solite or race White White Language South Car rece South	Mount Wilson (If outside city or town limits, write I are place of death? 1 Yr., 5 M tion, or street address where death occurre, Md. Tuberculosi spital or Institution? 1 Yr., 5 M NAME John Graddi 5. Color or race 6.(a) Sing White usband or wite. 1. South Carolina (Town, county, and pation. Iron Worker business John Graddick. 1. South Carolina (Town, county, and pation. Iron Worker business John Graddick. 1. South Carolina (Town, county, and pation. Iron Worker business John Graddick. 1. South Carolina (Town, county, and pation. Iron Worker business John Graddick. 1. South Carolina (Town, county, and pation. Iron Worker business John Graddick. 1. South Carolina (Town, county, and pation. Iron Worker Brown, county, and pation. Iron Worker Brown, county, and graddick. 1. South Carolina (Town, county, and graddick.) 2. South Carolina (Town, county, and graddick.) 3. South Carolina (Town, county, and graddick.) 3. South Carolina (Town, county, and graddick.) 3. South Carolina (Town, county, and graddick.)	Mount Wilson (If outside city or town limits, write RURAL and give nearest town) re place of death? 1 Yr a 5 MOS a 24 days relion, or street address where death occurred: Mt. Wilson y. Md. Tuberculosis. Sanatorium replate or institution? 1 Yr a 5 MOS a 24 days NAME John Graddick 5. Color or race White Separated usband or wite. S. (c) If allve, give age years Aday, yr.) July 21, 1903 Years Months Days If less than one day 41 8 1 hrs. min. South Carolina (Town, county, and state) pation. Iron Worker business John Graddick ace South Carolina John Graddick ace South Carolina John Graddick ace South Carolina John Graddick ace South Carolina John Graddick ace South Carolina John Graddick A23 E. Lanvale St., Balto., Md. ination, or removal, Which!) crematory. Moreland Memorial Park 5806 Harford Rd., Balto., Md. ceter John C. Miller, Inc. 33 E. Oliver St., Balto., Md.	MOUNT WILSON (For newborn infants give residence of or mount with yor town limits. Write RURAL and give nearest town) (If outside yor town limits. Write RURAL and give nearest town) or place of death? 1 Y. F. J. M.O.S. J.	MOUNT WILSON (For newborn infants give residence of mother) Slate Maryland County (If outside city or town limits, write RURAL and give nearest town) p place of dealth? J. Y.T. a., J. MOS. a., 24. days If outside city or town limits, write RURAL and give nearest town) p. Md. Tuberculosis Sanatorium plate of leathwight yr. a., J. MOS. a., 24. days NAME John Graddick S. Eoler or race S. (c) Single, married, widowed, or directed White Separated Outsand or wile. S. Eoler or race S. (c) Hallre, give age September 26, 18.43, 19.45 21. I CERTIFY that death occurred on the date above stated; that I attended decay September 26, 18.43, 19.45 22. LICENTIFY that death occurred on the date above stated; that I attended decay September 26, 18.43, 19.45 21. I CERTIFY that death occurred on the date above stated; that I attended decay September 26, 18.43, 19.45 22. LICENTIFY that death occurred on the date above stated; that I attended decay September 26, 18.43, 19.45 22. LICENTIFY that death occurred on the date above stated; that I attended decay September 26, 18.43, 19.45 22. LICENTIFY that death occurred on the date above stated; that I attended decay September 26, 18.43, 19.45 22. LICENTIFY that death occurred on the date above stated; that I attended decay September 26, 18.43, 19.45 22. LICENTIFY that death occurred on the date above stated; that I attended decay September 26, 18.43, 19.45 22. LICENTIFY that death occurred on the date above stated; that I attended decay September 26, 18.45 24.1 B 1 miles es March 22, 19.45 25. LICENTIFY that death occurred on the date above stated; that I attended decay September 26, 18.45 26. March 18.25 27. LICENTIFY that death occurred on the date above stated; that I attended decay September 26, 18.45 28. LICENTIFY that death occurred on the date above stated; that I attended decay September 26, 18.45 29. Date of DEATH March 22, 19.45 20. Date of DEATH March 22, 19.45 20. Date of DEATH March 22, 19.45 20. Date of Constitution of Constitution of Const

HISOMOR WINTENSON BUTTERNAMENT OF THE PARTY OF THE PARTY

SPET 88 HAW SEED AND STREET OF STREET STREET

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFAD is especially important. Phy

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

02598

CERTIFICATE OF DEATH

Reg. Dist. No. 30

City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State County (If outside city or town limits, write RURAL and give neares (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	************
3. (a) FULL NAME Mary Trin	3.(b) Social Security Nu	mber
4. Sex J 5. Color or race 6.(a) Simple, married, windward, or divorced Wildowsky.	MEDICAL CERTIFICATION March, 8 45	7:30A
6.(b) Name of husband or wife. 6.(c) If all P., give age years	21. I CERTIFY that death occurred on the date above stated; that I atlanded deceases	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days If less than one day	and that I last saw h	DURATION
72 76 4 mrs. min.	Chronic Myocarditis.	d yrs.
9. Birthplace (Town, county, and state)	Due to	
10. Usual occupation	Due to.	
12. Name Latrick Ourtney 13. Birthplace	Dther conditions	
14. Maiden name. M. H. D. M. Brown. 15. Birthplace Prelown & O.	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Misso Mangan of Irrus	Antopsy results. PHYSICIAN: Flease underline the esuse to which death should be charged stat	• • • • • • • • • • • • • • • • • • • •
Address (0.5 Sesh / Game) 17 Burial Date thereof 3-10-45 (Burial, cremation, or removal. Which) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or hamicide	
Cemetery or crematory Called Management	Where did injury occur?	
Location 18. Funeral director 19. Manual Man	Injured at home, farm, Industry, public place (where?) Means of Injury U injured at work?	***************************************
Address Catons Ville MA	23. SIGNATURE D. Lloyd Johnson M. D. or o	thar
19. (Dute rec'd by registrar) 19. 4 Deputy for a Federia.	Address atoms will mel Date signed 3	



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (92-8) CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH (For newborn infagts give residence of mother) carefully. (If outside city or town limits, write RURAL and give nearest town Hospital, institution, or street address where death occurred: information caref (If rural, give LOCATION) 2.(a) If veteran, name war How tong in hospital or institution? 3. (a) FULL NAME MEDICAL CERTIFICATION 5. Color or race 6.(a) Single, married, widowed, or diverced 4. Ses tem of i RGIN RESERVED FOR BINDING 20. DATE OF DEATH. item 6.(b) Name of husband or wife..... 7. Birth date of Moing INK. Supply ever Physicians: please write October 11. 1915 deceased (mo., day, yr.) If less than one day Years Months Days 8. AGE:

3. (b) Social Security Number 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 29hrs. Steelton. n. Penna. (Town, county, and state) Domestic 10. Usual occupation 11. Industry or business Charles H. Guthrie 12. Name.... Va. 13. Birthelace (Include pregnancy within 3 months of death) Sallie Terrell 14. Malden name. Major findings of operations ... Penna. 15. Birthplace Sallie Guthrie PHYSICIAN: Please underline the cause to which death should be charged statistically. Walnut Ave. Dundalk. 22. VIOLENCE: it death was due to external causes, fill to the following: (Burial, cremation, or removal. Which?) Accident, suicide, or homicid Where did Injury occur? (State) (County) (City or town) Cemetery or crematory..... Injured at home, farm, industry, public place (where?) Steelton Penna. telured at work? Means of Injury Jesse W. Redden 18. Funeral director.. 436 W. Biddle St.

PLAINLY, v WRITE

important.

M. D. or other Revistrar (Date rec'd by registrar) Address

MARYLAND STATS DEPARTMENT OF HEAD

APR' 5 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

	02	26	30
Reg.	Dist.	No.	

CERTIFICATE OF DEATH

1. PLACE OF DE	ATH: altimore	******		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town			ers	(17 outside city or town limits, write RURAL and give nearest town) Street No. 5413 Old Frederick Road
	r Institution?			2.(a) 11 veteran, name war
3. (a) FULL NAM	E	Melvin	G. Guttroms	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	N	larried	20. DATE OF BEATH March 24th. 1945 , at 4:45 P.m.
			romson) If alive, give age	November 25. 19 44 to March 24th. 19 45
deceased (mo., day,	2.00		2, 1914	Immediato cause of death
8. AGE: Year		Days 22	If less than one day	Melano sarcoma ; of akine cusor
10. Usual occupation. 11. Industry or business	Socaal Se	county, and security Govern Comson	tate) 7 Board ment	Oue to tract had melanothe male removed by Otem, in 1942. Inother reparation done by Oue to Orange in August, 1944. Following removel of this mole he developed multiple lesions Other conditions of melanomarcomal.
15. Birthplace		way		(Include pregnancy within 3 months of death) Major findings of operations.
10, Internation	rs. Beatric 5413 Old Fi	•	•••••••••	Autopsy results
17 Burial (Burial, cremation Cemelery or cremat	or, or removal Which?)	Bate there	Man 40	-22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Address	14 24 3	68	h /	3 SIGNATURE GOOGUA LUIDO
19. (Date red d by re) (9 (C	5 C	Reffeli	Registrar Address 3030 Edmondson ave. Oate signed 3/26/45

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

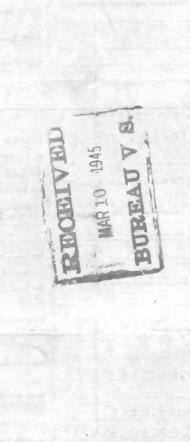
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore 127-0

02601 Reg. Diet. No. 44

CERTIFICATE OF DEATH

1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECE. (For newborn infants give residence of mother)	ASED:	
County		***************************************	20		
City or town(II	M10016 K1	VET	state Maryland county county	.Baltimore	
How long in above place of death? 4 Years			City or town Middle River	URAL and give nearest town)	
Hospital, Institution,	or etreet addrees where d	eath occurred:	Street No. Bowleys Quarters 1	Road	
			(If rnral, give LOCATIO	ON)	
			2.(a) It veteran, name war None		
3. (a) FULL NAM	ME		3. (b)	Social Security Number	
	John	H Guy		220-22-1133	
4. Sex	5, Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIF	ICATION	
Male	White	Single	20. DATE DF DEATH. March 1st.	,45 ,2 p.	
6.(8) Name of husban	d or wife		21. I CERTIFY that death occurred on the date above stated;		
			Incl 25 1945,1	Mar. 1: 1045	
7. Birth date of	yr.) July 14		and that I last saw businealive on	10.45	
8. AGE: Yea		Days It less than one day	Immediate cause of death		
16	177	17mlrsmlr	Hemmanhag	2	
	, , , , , , , , , , , , , , , , , , ,		7/-1 5/	***************************************	
9. Birthplace	(Town, e	d, Maryland ounty, and state)	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	***************************************	
1D. Usual occupation	Machine	Operator		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ss America		Due to		
		Guy			
12. Name		sland, Maryland		100010000000000000000000000000000000000	
		Tyler	(luclude pregnancy within 8 months of	death)	
14. Maiden name			Major findings of operations.	***************************************	
		sland, Maryland	-	Date ot op	
		Guy	WILLIAM DE SUI AS A SUI AS A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Addrese BOW]	Leys Quart	ers Road, Middle Ri	PHYSICIAN: Picase underline the cause to which death	should be charged statistically.	
17B1	n, or removal. Which?)	Date thereof March 4th. 19	22. VIOLENCE: If death was due to external causes, fill in		
		(mouth) (day) (year)	Accident, suicide, or nomicide		
Cemetery or cremat	lory EDelleze	r Methodist	Where did injury occur?(City or town)	(County) (State)	
Location	Chase,	Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral directors	Essahn 7	uneral Home	Meane of Injury	njured at work?	
Address		elair Road	Q , RF+1.	7-4 0	
-		10 GB	23. SIGNATURE Paul R. Cotifs	M. D. or other	
19. Date rec'd by r	egistrar) 19 45	Registrs:	- S	Date signed 3/2/40	



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legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14-2)

2.(a) If veteran, name war.....

23. SIGNATURE

Address.

Registrar

02609

3. (b) Social Security Number

M. D. or other

CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) 209 W. Lanvale St. (If rural, give LOCATION)

10

3. (a) FULL NAME

1. PLACE OF DEATH:

County Balto.

How long in above place of death? Mercy Villa Hospital. Institution, or street address where death occurred:

JOSEPHINE LISTON HACKETT

MEDICAL CERTIFICATION 20. DATE OF DEATH March 31, 19 45 at 2 P 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from - Sue 19.4 4 , to. Immediate cause of death DUBATION 3da Major findings of aperstons Resection 13, Notomah PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Where did Injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?

How long in hospital or institution?.... 4 Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Married William J. Hackett 8,(b) Name of husband or wife..... 7. Rirth date of Feb. 27. 1897 deceased (mo., day, yr.) 8. AGE: Months If less than one day 48hrs. Cambridge, Mass. 9. Birtholace.... (Town, county, and state) 1D. Usual occupation. 11. Industry or business 12. Name...... 13. Birthplace Edward Liston Boston, Mass. 置 14. Malden name Mary Seabury 15. Birthplace Boston. Mass. 16. Informant Mr. William J. Hackett Address Date thereof. 4/2/45 (month) (day) (year) Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Cambridge Cem., Cambridge, Mass. WM. J. TICKNER & SONS 19. Funeral director..... Balto. Md. Address

(If outside city or town limits, write RURAL and give nearest town)

Bellona Ave.

WRITE

LEASE

(Date rec'd by registrar)

Nr. John a. Luetscher. 12 & Rager St.

MAKILAND SIAIE DEPAKIMENT OF HEAL	LAND STATE DEPARTMENT OF	HEALTH
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Bureau of Vital Statistics, Baltimore 460

Reg. Dist. No. 3/

02603

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. HOME (USUAL RESIDENCE) OF DECEASED:	
(a) County Baltimore	(a) State_Md. (b) County_Baltimore (c) City or town	
(b) City or town Randallstown (If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution:		
(d) Length of stay in hospital or inst. (yrs., mos., or days)		
(e) Length of stay in this community (yrs., mos., or days)		
3 (a) FULL NAME Katherine B. Hagenr	rater	
3 (b) If veteran, name war 3 (c) Social Security No.	MEDICAL CERTIFICATION 20. Date of death March 24 1945, at 4.30 A. M	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or Female White Married		
6 (b) Name of husband or wife Henry C. Hagenrater	ed deceased from Man 25 19 45, to Man 25 19 45, and that I last saw him alive on Man 23 19 45.	
6. (c) If alive, give age 69 years	Immediate cause of death Duration	
7. Birth date of deceased (mo., day, yr.) October 28, 1882 8. AGE: Years Months Days If less than one day 62 4 26 hrmin.	Duote peditonto 5 days	
9. BirthplaceBaltimore, Md	Other conditions PHYSICIAN PHYSICIAN	
12. NameWilliam S. Seeley 13. Birthplace Maryland	Major findings: Of operations Of autopsy Underline the cause to which death should be charged statisti-	
14. Maiden Name Harriett A. Peregoy 15. Birthplace Washington, D. C. 16 (a) Informant Mr. Henry C. Hagenrater	22. If death was due to external causes, fill in the following:	
16 (a) Informant Mr. Henry C. Hagenrater (b) Address Green Lane, Randallstown	(a) Accident, suicide, or homicide	
(c) Cemetery or cremator, Location (b) Date thereof March 26, 194 (b) Date thereof March 26, 194 (c) Cemetery or cremator, Mt. Oliv Cemetery Location Roslyn, March 26, 194	(c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public place? While at work?	
(b) Address 4510 Liberty Heights Ave.	(e) Means of injury 23. Signature E. Martons	
19 (a) 12 4 45 (b) Registrar Address Caudalliton Date signed 1/24		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BFB)

CERTIFICATE OF DEATH

02604 Reg. Diat. No. 3/

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Off outside city or town limits, write RURAL april give nearest town)
Rendalstorn	Street No. Manual Street No. M
How long in hospital or institution?	2.(a) If veteran, eame war.
Jouise auderson Har cre	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Slegle, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 16/5, a) 15/4 A. M.
6.(b) Name of husband or wife. Company Parguere	31. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Mac. 1 1897	and that I last odw harmalive on Than 10 10 11 12 12
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION
9. Birthplace Sal Terror (Town, county, and state)	Due to.
10. Usual occupation	Due to
12. Name harles H. Auderson, St. 13. Birthplace Mary	Diher conditions has Nath Der Sure
14. Maiden name Munica & Commodel 15. Birthplace Maryland	(Include pregnauty within 3 months of death) Major fludings of operations.
18. Information them Hagren	Autopsy results PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address Address Bate thereof (month) (dup) (year)	VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or cromatory	Where did injury occur?
Location Caler La Trus	Injured at home, farm, industry, public place (where?)
18. Funeral director Than Address 9 70 Futana - Canal	D - W - Injured at work?
19 3 (Days ree'd by registrar) 1845 m E. Martus Registrar	23. SIGNATURE M. D. or other M. D. or other Add Pandallaton



MARYLAND STATE DEPARTMENT OF HEALTH 02605 The 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 3) supplied. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County _ information should earefully be of death clearly and legibly. (If outside city or town limits, write RURAL NEAR and give town) Cliv or town_ Street address, hospital, or institution: (If outside city or town/fimits, write RURAL NEAR and give town) Stay in hospital or inst. (yrs., or mos., or days) (If rural give LOCATION), Stay in this community (yrs., or mos., or days) 2(a) IF VETERAN, NAME WAR 3. (a) FULL NAME 3. (b) Social Security Number none 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION FOR BINDING 20. DATE DF DEATH item of 11 21. I CERTIFY that death occurred on the date above stated: that Nattended deceased from 8 (b) Name of husband or wife -6(c) If allve, give age 7. Birth date of the deceased (mo., day, yr.) DURATION Immediate cause of death 8. AGE: Months If less than one day Every write Days MARGIN RESERVED please (Town, county, and state) UNFADING .. Physicians: 10. Usual occupation ____ 11. Industry or business 13. Birthplace (Include pregnancy within 8 months of death) important. **PHYSICIAN** WITH Major findings: Of operations Please underline 15. 8irthplace the cause to which death should be charged statisti-PLAINLY especially Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide (Burial, cremation, or removal, Which?) (nonth) (day) (year) PLEASE WRITE | correct age is Where did Injury occur?. (City or town) (County) (State) Injured at home, tarm, Industry, public place (where?) Infered at work? Means of Injury Address 23. SIGNATURE M. D. or other Wilmer .Ensor (Date rec'd by registrar) Registrar

APR 5 1945 BUEEAU V.S.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bro

CERTIFICATE OF DEATH

02606

Reg. Dist. No..

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME William of Har	2. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. MORCH O 18 45 31 3 a
6.(b) Name of husband or wife Casaic Chassison 7. Birth date of Greened (no days) Surve 2 3 - 186 8	21. I SERTIFY that death occurred on the date above stated: that I standed deceased from 19 1 10 18 10 18 10 19 1
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Office of Joseph Charles Charles Syn
9. Birthplace	Due to. C. Nepher As & Malman;
11. Industry or business 12. Name 13. Birthplace 14. Industry or business 15. Name 16. Anne	Other conditions
14. Maiden name Marka arek Lowery 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Address ankentown of	Autopsy results
17. Burial, cremation, or removal. Which (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Cural	Where did injury occur?
18. Funeral director Clesset Funded House Address 2004-8 Oslo asso	Means of injury Injured at work? The second of the second
19. 3/10/45 19 Dr Mleassel (Date rep'd by registrar) Registrar	Address Dundauc-VV-My Date signed Jundau

19. Wolling

RECEIVED

MAR 12 1945

BUREAU V.S.

VS A15

DI ACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.

CERTIFICATE OF DEATH

02 R

2607	40
eg. Dist. No	***************

County Baltimore City or lown. Fort Howard (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? 50 Days Hospital, Institution, or street address where death occurred: Vets. Adm. Fac. Fort Howard, Maryland				State. Maryland									
							How long In hospital	or Institution?	O Days	***************************************	2.(a) If veteran, oamo war		
							3. (a) FULL NAME					3. (b) Social Security Number	
								JAMES W.	HARTMA	N (JAMES WARRI	EN HARTMAN)	213-05-0655	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION								
Male	White		Married	20. DATE OF DEATH March 9	19.45. •1.10 • 50P.								
B.(b) Name of husban	de frite Mr	. Mild	red A. Hertman	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended deceased from								
	-,,	E (e) If alive, give age 4. years	January 18,	45 , to Merch 9. 1945								
7. Birth data of	10	-22-93	y is anic, and ago	and that I last saw h im alive on lar	cch 9, 1645								
deceased (mo., day,		Days	If less than one day	Immediate cause of death	17 / 200 / 200								
51		17	hrsmin.		1. Par day 2 Vr.								
9. Sirthplace Baltimore, Maryland (Town, county, and state)				Duo to									
10. Usual occopation Ast. Larine Supt.													
11. Industry or business U: S. Steamship Co.				Due to									
		en		Other conditions.									
12. Name	Maryland												
Maides came	Mary E. F	Ciser		(Include pregnancy within 3 r									
HOME 14. Maideo came	Maryland	(Relti	morel										
					Date of op								
18. Informant Clinical Records, Vets. Adm. Fac. Fort Howard, Maryland				Autopsy results	hich death should be charged statistically.								
Address 17. Burial (Burial, cremation, or removal, Which?) Bale thereof (month) (day) (year)				22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide									
			al Cem.		(County) (State)								
Location Balto. Md.					here?)								
18. Funeral director	Wma.Ja	Tickne	r & Son	Means of Injury	Injured at work?								
Address	Faltimo	re, Ma	and	en 190-	meet 14								
3/17	2 4	5 6	scelladas	23. SIGNATURE KENNEY, N	. D. CLIMAD. or other ACTOR								
19. (Date rec'd by r	egistrar)		Registrar	A address Eart Howard. M	laryland Data stened 3-10-45								

HARPICAND STATE SEPARTHUST OF BEAUTIE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-4)

02608

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of the second	F DECEASED:	
City or town(If the long in above place Hospital, Institution, or	eutside city or town line of death?	mits, write RURAL and give nearest town) Days. Jeath occurred: Howard	State Virginia County City or town Alexandria (If eutside city er town limits, write RURAL and give nearest town) Street No. 1. Windsor Ave. Alexandria Va.		
		Dows			
3. (a) FULL NAM	E	J. HAYES		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White	Married	20. DATE DF DEATH March 14,	19. 45 , at 9:25 P.M	
7. Birth date of deceased (mo., day,	yr.) 12-1-		and that I last saw him alive on Marc	44 to March 14 19 45 h 14 19 45 DURATION	
8. AGE: Years	months 4 3	11hrsmi		6 :- cs • plus	
tD. Usual occupation 11. Industry or busines	Dept. Gua	。VE.s. connty, and state) rd	Due to		
t2. Namet3. Birthplace	A.A. Hay	es	Dther conditions Tuberculosis, advanced (Include pregnancy within 3 m	pula mode	
14. Maiden name. t5. Birthplace	Miraiah W. Va.	Grover	Major findings of operations	Date of op	
tB. Informant	inical Rec	ords, Vets. Adm. Fac. rd, Maryland	PHYSICIAN: Please underline the cause to wh	ich death should be charged statistically.	
t7. Buria (Burial, crematier	n, er removal. Which?)		22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date ot	
Cemetery or cremate	Arling	ton National Cemetery ton, Va.	Injured at home, tarm, Industry, public place (wh	(County) (State)	
18. Funeral director		gham Undertaker		injured at work?	
Address	Alexan	dria. Va.	cak.	1 u	

23. SIGNATURE.

A15 SA PLEASE

Address

(Date rec's by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (860)

02609

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF I	FATH.			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town)				state Maryland c	ounty Baltimor	0
				City or town		01000xxxx0111000000000
How long in above place of death?						
			pital	Street No. 1702 Edmondson		
				(If rurat, givo LOCATION) 2.(a) If veteran, name war		
		days				
3. (a) FULL NA		t Cecil	lia Hebner		3. (b) Social Security N	umber
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
I	W	1	ridowed		4.5	20 74 4
				20. DATE OF DEATHMarch9.		
6.(b) Name of husba	nd or witeJos	ephHel	ner	21. I CERTIFY that death occurred on the date a		
		.6.6	c) if alive, give ageyears	19		
7. Birth date of		3, 19	20 187 (and that I last saw halive on	_	19
deceased (mo., da		Days	If less than one day	Immediato cause uf death		DURATION
8. AGE: Ye	69					
4	11	6	hrsmin.	Mute Condiac -	Fulure	1
a Riethalace B	altimora. M	arvland	state)	brocking (neck surgice)		
J. Dillipinocas	(Town,	county, and	state)			
10, Usual occupatio	bookke.ep	er; hou	1sework	Due to ferrus	right	
11. Industry or busing	ness broth	er's h	ma	accidental Calle Curgo.		
				Other conditions	udden death	
12. Name 13. Birthplace		⊕ 174	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	luquers	
13. Birthplace	Ireland			Slipped, follows an blasses within	3 months of death)	
置 14. Maiden nar	Mary Lan Ireland	ahan	***************************************	Majur findings of uperations.		
15. Birthplace	Treland			Majur studies of uptracount		
	TT 11 - 2			Autupsy results		
				PHYSICIAN: Please underline the cause tu	which death should be charged st	atistically.
Address Ca	tonsville,	Baltime	ore - 28, Md.	22. VIOLENCE: It death was due to external	auses. fill in the following:	0
11 (Qu)	ion, or removal. Which	Date ther	eot. (month) (day) (year)	Accident, suicide, or homicide.	nt Date of ML	ch 2-45
(Burial, cremat		1	(month) (day) (year)	Where did injury occur?	wille Ball	- wes
Cemetery or crem	natory VOICE	elss		(City or town) (County)	(State)
Location	12001		nd	Injured at home, farm, industry, public place	(where?) uspet	
-	-4	13	7-1-0	Means of injurractured fer		CLO
18. Funeral directo	The sale		unlung /		u ak	apple
Address	Codto	wor	alles Tha	1/2 M	" Ciesters	Can Alle
	2/4	n	1001	23. SIGNATURE	M. D. or	other Med
19	5/7 1945	0	and Beginn	Paddress 1010 Loads	an Date signed 3	-9-4e-
(Date ree d by	regautary .	ne	any search	Alfai cos. A	3181100	



VS A15

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0



02610 Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Balto.	(For newborn infants give residence of mother)		
City or town Owings Mills	State Me. County Balls.		
(If outside by or town limits, write RURAL and give nearest town)	Olympia Chiannes Wille		
How long in above place of death? 2 yes 11 months	(if outside city of town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address whe ld death occurred:	Street Ho.		
	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) If velsran, name war		
3. (a) FULL NAME	3, (b) Social Security Number		
Ruanna H. Hinkhaua	June		
4. Sex 5. Color or raca 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Fi W. marrief	20. DATE OF DEATH. Mar 11 19 45 21 3 A. M		
B.(b) Name of husband or wife William F. Hinkhaus	21. I CERTIFY that death occurred on the date above staled; that I attended deceased from		
6.(c) If alive, give age 69. years	3-) 18.414 10. 3-11 19.45		
7. Birth date of 01 - 0 2 2	and that I last saw h Alexalive on 3-16 19.45		
accesses (mo., sale les	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Edidiac Decongenisation 1 gr.		
5 ⁴ 10 11hrsmin.	Hypertensive E-V. Diego, 1-yr		
9. Birtholace way mobow, Penn.	Rheunstin EV Disease Ins.		
(Town, county, and state)	Due 10		
10. Usual occupation A orser wife			
11. Industry or business	Due to		
H 12. Name holl	Other conditions Care nephritis 1-42		
12. Name holl 13. Birthplace D out 1 Thou			
H 14. Malden name Dont Know	(Include pregnancy within 8 months of death)		
The malden name was a first to the same and	Major findings of operations.		
15. Birthplace Don't Know	Date of op.		
18 Interment William F. Hink haus.	Autopsy results.		
e in the	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal Which?) Bate thereof March 14/1945 (month) (day) (year)	Accident, suicids, or homicide		
011 1-1110			
Cometery or crampory Pleasant Hill	Where did injury occur?		
Location Dungs Mills	Injured at home, farm, Industry, public place (where?)		
18. Funeral director um. Bevy may & Suns	Means of Injury Injured at work?		
Address Reisters topper, mg.	23 SIGNATURE A.D. Eagles, My.D.		
212 1/2 21/16	23. SIGNATURE A CO Lagree M.D. Carebas		

Register Address Reinterstown

Stor OVERLAND STANDED TO STAND STAND

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town liffits, write RURAL and give nearest town) (If rural, giva LOCATION)

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

DUBATION

(Include pregnancy within 3 months of death)

Accident, suicide, or homicide.....

Injured at work?

M. D. or other

(Connty)

(Date ec'd by postrar)

APR 2 1945

Dr. Hicheu MARYLAND STATE DEPARTMENT OF HEALTH 02612 Northern Pkwy. Belair correct age 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH Reg. Dist. No. The collegibly. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: county Baltimore Parkville (For newborn infanta give residence of mother) Maryland Baltimore Raltimore
(If outside city or town limits, write RURAL and give nearest town) carefully information carefully of death clearly and City or town (If outside city or town limits, write RURAL and give nearest town) How long to above place of death?..... Hospital, Institution, or street address where death occurred: Clayton Ave & Farmview Ave. 7807 Oakdale Avenue (If rural, give LOCATION) How long in hospital or institution?..... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number Benedict J. Hochhaus 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i BINDING married male white mas 2 Ruth Marie Hoshhaus 21. I CERTIFY that death occurred on the date shove stated: that I attended deceased from REYERVED FOR 7. Birth date of deceased (mo., day, yr.) Feb. 9th. 1884 DURATION Days If less than one day 8. AGE: 61hrs. 21 mont a Baltimore, Maryland
(Town, county, and state) ADING INK. Physicians: 1 Foreman 10. Usual occupation..... 11. Industry or business 12. Name...... 13. Birthplace Charles E. Hochhaus important. Maryland (Include pregnancy within 8 months of death) 14. Maiden na 15. Birihplace Francis Strobel 14. Maiden name..... Major findings of operations..... Maryland Date of op. PLAINLY, vis especially Mr. C. Irvin Hochhaus PflYSfCIAN: Please underline the cause to which death should be charged statistically. 3036 Oak Forrest Drive 22. VIOLENCE: If death was due to external causes, fill in the following: 3/5/45 (month) (day) (year) 17. Burial (Burial, cremation, or removal. Which?) Date thereof ... Accident, suicide, or homicide..... Where did injury occur?(City or town) Lorraine RITE Cemetery or crematory..... (County) Baltimore Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Leonard J. Ruck 18. Funeral director ... A15 E.A.S.I 5305 Harford Road Address

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: p

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 31.0

CERTIFICATE OF DEATH

02613

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Nor newborn infants give residence of mother) State County Daltania (If ontside city of lown limbs, write RURAL and give nearest town) Street Ro. W. M. P. Dorogle (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Frank Hohman	3. (b) Social Security Number
4. Sex Mele White White Mishwes 6.(6) Name of husband or wife Mary Catherine 6.(c) If alive, give age years deceased (mo., day, yr.) March 24 - 1859	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 21. I CERTIFY that death/occurred on the date above stated; that I attended deceased from 10. 20. 19. 20. 19. 20. 19. 40. and that I last saw here alive on That: 20. 19. 40.
8. AGE: Years Months Bays If less than one day 3 hrs. min. 9. Birthplace (Town, county, and state)	Due tarillus soleros 3
10. Usuat occupation. 11. Industry or business 12. Name. 13. Birthplace	Due to
14. Malden name. The house of the state of t	(Include pregnancy within 3 mouths of death) Major findings of operations
Address (1997) 17. Date thereof (1997) (Burial, cremation, or removal. Which?) Cemetery or crematory (1997) Location (1997)	22. VIOLENCE: It death was due to externat causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Franch H. W. L. E. R. Address Pikesville manyland 19. 3 2 / 19. 45 Proceedings of Registrar	Meana of Injury Injured at work? 23. SIGNATURE M. D. or other Address And Alastorns Trid Date algority 1/25

DE MAIN OF THE PROPERTY STATE SHOULDER

MERCINE BO STRANFILLING

4.6

RECKIVED

APR 3 1945

BUREAU V.Z.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (740)

02614

CERTIFICATE OF DEATH

1. PLACE OF DEATH,	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dalleware	(For newborn infants give residence of mother) Sia Mary Curl County Balterest
(If outside city or town limits, write RURAL und give nearest town)	1 00 -
How long in above place of death? 3.0 4 eucs	City or town (If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Henry C Holbrook	3. (b) Social Security Number
4. Sex Male White married, widowed, or divorced Maried	MEDICAL CERTIFICATION 2D. DATE DE DEATH THAN 10, 1945 25 45 2.
8.(b) Nama of reservor wife. Elsie Spencel	21. I CERTIFY that death occurred on the date above stated; that I attemded deceased from
	The
7. Birth date of Many 2 (c) It alive, give age 5 6 years	and that I last eaw humalive on Many 9, 1945
deceased (mo., day, yr.)	Immediate cause uf death DURATION
8. AGE: Years Months Days 11 less than one day 13	monary brombous 3 days
Birtholace marylered	- But to
(Yown, county, and state)	Due to
10. Usual occupation Salvood Coro Correl	Due to.
11, Industry or business	Suc it.
12. Name Joseph Holbrook 13. Birthplace Md	Dther conditions
	(Include pregnancy within 8 months of death)
5	Major findings of operations.
Ma. No. 9 21-04. K	- Date of op.
16. Informant	Antopsy results
Address Handledlytown Ind	
17 Buil Bate thereof May 12/45	22. VIOLENCE: 11 death was due to external causes, fill in the following;
(Bnrial, cremation, or removal. Which?) Bate thereol (month) (day) fyear)	Accident, suicide, or homicide
Cemetery or crematory NW Collect	Where did injury occur? (City or town) (County) (State)
Location Bulgeo.	Injured at home, farm, Industry, public place (where?)
16. Funeral director Edwernton	Means of Injury Injured at work?
Address Hampstead Mel	23. SIGNATURE E. P. Martin
19. 3/ 10/ 1945 Ph. 9. Martin	M. D. or other

DEPARTMENTS OF BRAINS

RECEIVEL.

BUREAL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02615

CERTIFICATE OF DEATH

Reg. Dist. No.

DURATION

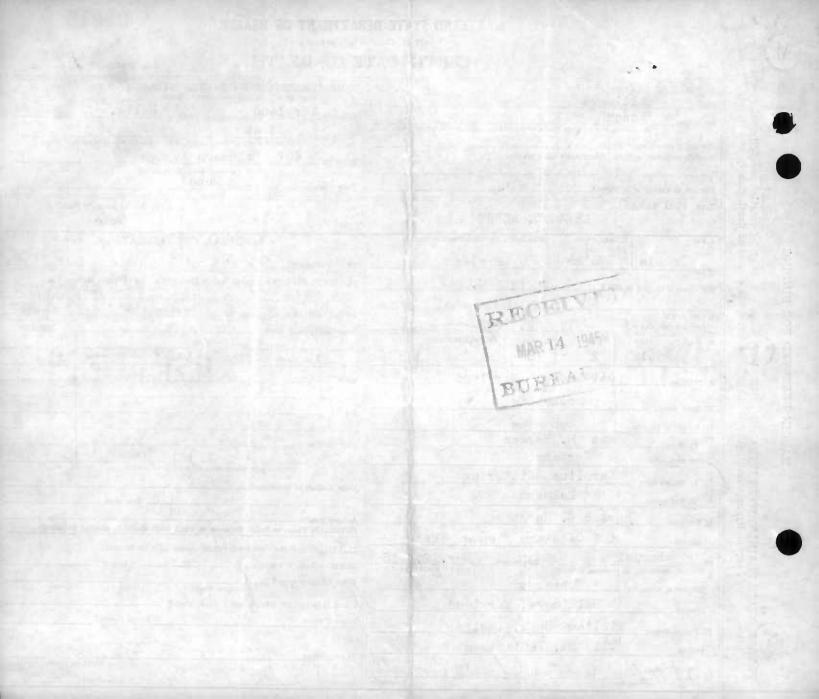
statistically.

Tr c	timore			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a State Maryland Country of the Country of	F DECEASED: mother) Balto.
(If or	utside city or town li	mits, write l	RURAL and give nearest town)	Essex	
				City or town(If outside city or town limits	
Hospital, Institution, or	street address where	death occurre	d:	Street No. 407 Delaware	Avenue
				(If rural, give None	LOCATION)
How long in hospital or	Institution?			2.(a) It veteran, name war	
3. (a) FULL NAME		4			3. (b) Social Security Number
	LENA	С. Н	ORST		None
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Female	White		Varani ad	20 DATE OF DEATH March 1	-th 111- 012
remate	White	-	Married	- OI DATE OF SERVICE STREET	19.45 et 913
			s C,	21. I CERTIFY that death occurred on the date abo	ve stated; that I atlended deceased from
7. Birth date of		6.0	(c) If alive, give ageyears	and that I last saw h. alive on	
deceased (mo., day, y	July	22,	1883	Immediato canse ol death	
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death	2
61	7	16	hrsmln.	Chronie Gardion	enst elecare 5
9 Birthniace	Baltimo	e, M	aryland	Due to	
	(Town,	county, and	state)		
10. Usual occupation	nous	sewife	***************************************	Due to	
11. Industry or business	Owi	1 Home			
H 12, Name. T	homas H.	Hayde	0	Other conditions	
12. NameT	Germa	nv			THE PARTY IN COLUMN
			tamina	(Include pregnancy within 3 r	nonths of death)
14. Maiden name			tering	Major findings of operations.	***************************************
15. Birthplace	Unl	cnown			
	harles C.	Horst		7001	
16. Intermant				PHYSICIAN: Please underline the cause to wi	hich death shoold be charged statistically
Address	407 Dela	aware.	Avenue (Essex	22. VIOLENCE: If death was due to external cau	
Buri	al	Date the	reot Mar 12,1945 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremate	y Schi	wartz.	***************************************	Where did injury occur?(City or town)	(County) (State)
Locetion	Baltin	nore,	Maryland	Injured at home, farm, industry, public place (w	here?)
			Inc.	Means of Injury	Injured at work?
Address	1217 St.				7/17/7 m 1
		A	1 0 11	23. SIGNATURE	M. D. or other
19.3/1/	19 45 gistrar)	//	has I Connelly	Address Belling 74	2/4/
(Date rec'd by rea	gistrar)	(/	Register	Address	

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: ple

very item of information carefully. The carite the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-6)

02616 Reg. Dist. No. 44

CERTIFICATE OF DEATH

County	altizore			(For newborn iofants give residence of mother)			
How long in above pta Hospital, instilution,	ce of death?	days.		State Virginia County. City or town Leesburg (If outside city or towo limits, write RURAL and give nearest town) Sireet No.			
			d, lid.	(If rural, give LOCATION) 2.(a) If veteran, name war	V		
3. (a) FULL NA!		and the description of the gift of	Addition 1000		37 3		
	I, Irvin Cl	inton		3. (b) Social Security	/ Number		
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White	Ma	rried	20. DATE OF BEATH. Norch 4	.A CS. 7.		
	***************************************	6.(eHough	2t. I CERTIFY that death occurred on the date above stated; that I attended de November 21, 1844, 10 March 4 and that I last saw him alive on March 4,	1, 19.45		
8. AGE: Yes		Days	It less than one day	Netastatic Corcinoma of Frontal	DURATION		
(56 3	26		Bone Bone	6 Mos.		
			atute)	But the many site of the concinomal was not determined. Cee & a. Due to the history to had the primary with of the concinomal.	4 datarmina		
图 12. Name 13. Birthplace	Charles ac	ugh		Other cooditions Chronic Tritis & senile Cetaracts	16mos		
14. Malden nam 15. Birthplace	e Rartola Virginis Linical Rec	ords		(Include pregnancy within 8 months of death) Major findings of operations Bate of op. Antopsy results Chamissians. For post-months was not. PHYSICIAN: Please noderline the cause to which death should be charge	grantal		
17 Purial (Burlal, crematic	on, or removal. Which	Date the	t. Howard. Md. eot. 3/1/45 (month) (day) (year) ional Cametary	Where did injury occur?			
Location			C.	Injured at home, tarm, industry, public place (where?)			
Address		rk Rd.	Balto. Md.	Means of Injury Injured at work? 23. SUMATURE M. D. Address	or other		
(Date rec'd by	registrar)		Registra	Address Date signe	J		

PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17-a)

02617

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
City or town			RURAL and give nearest town)	State		***************************************
How long in above place of death? 5 Days Hospital, Institution, or street address where death occurred: Vets. Adm. Fac. Fort Howard, Maryland			d:	City or town Baltimore (If outside city or town limits. Street No. 2906 Manhattan A	we. Palto.	rest town)
How long In hospital or institution?				(If rural, give I 2.(a) If veteran, name war. SAW		
3.(a) FULL NAME WILLIAM G. HUDSON					3. (b) Social Security 218-18-714	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	1	Married	20. DATE OF DEATH March 27,		at 8:40Pa
6.(b) Name of hashand of wife Helen Hudson 6.(c) If allve, give age 6.2 years 7. Birth date of				21. I CERTIFY that death occurred on the date abov	5 , tollarch 27,	19.4.5
deceased (mo., day,	yr.) 11-	17-79		and that I last saw h.i.m. alive on Marc		
8. AGE: Year		Days	If less than one day	Immediate cause of death Generalized Peritoniti		
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation. Unemployed			ad	Due to Perforated Gastric		
11. Industry or busines	s	y.E.U		Due to Penetrating Gastric		1
13. Birthplace	enry Hudso ngland	n		Other conditions Arteriosclerosi Anemia, secondary (Include pregnancy within 3 me		
14. Maiden name.	C therine Irel		ke	(Include pregnancy within S me		***************************************
16. Informant Clinical Records, Vets. Adm. Fac.				Autopsy resultsSubstantiated. PHYSICIAN: Please underline the cause to which	Above	******************
17. Burial Date thereof. April 2, 1945. (Burial, cremation, or removal, Which?)				22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of	
Cemetery or crematory Ealtimore Mational Cemetery Baltimore, Maryland				Whera did injury occur?		
				Injured at home, farm, Industry, public place (whe	Injured at work?	***************************************
1B. Funeral director Address		lickner nore, l	Md		Mu	1
	45 19 C	dup	Called Repetrar	Address For Howard, Man	CLINICAM. D.	or other TOR

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore . The correct legibly. CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: AUGSBURG HOME 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) information carefully, of death clearly and (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death?..... Hospital, institution, or street address where death occurred; (If rural, give LOCATION) 2318 Edmondson Ave Now long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION item of i FOR BINDING WIDOW PEO. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of deceased (mo., day, yr.). Supply DURATION 8. AGE: MARGIN RESERVED ADING INK. Physicians: pl to. Usual occupation t1. Industry or business FITZBERGER important. 13. Birthplace (Include pregnancy within 8 months of death) ## 14. Maiden na 15. Birthplace Major findings of operations. PLAINLY, V is especially i t8. Intermact PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide..... Where did lolury occor? injured at home, farm, industry, public place (where?) Means of Injury EASE 23. SIGNATURE (Date rec'd hy registrar) .. Date signed.....

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/2)

02619

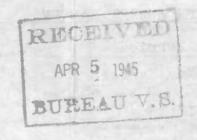
CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: County Baltimore City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 7 Hillside Road How long in hospital or institution? 3. (a) FULL NAME ARTHUR ANDREW KANEE 4. Sex 5. Color or race b. (a) Single, married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Baltimore City or town. Cockeysville (If outside city or town limits, write RURAL and give nearest town) Street No. 7 Hillside Road (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number None MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. March 19, 1945 19 st 6 P.
8.(b) Name of husband or wife. Lillie. May Kanneen 7. Birth date of deceased (mo., day, yr.) May 31, 18 75 8. AGE: Years Months Days If less than one day 69 9 19 hrs. m 9. Birthplace. Cockeysville. Maryland (Town, county, and state) 10. Usual occupation. Farmer 11. Industry or business Retired 12. Name. John Wm., Kaneen 13. Birthplace Oxford, England	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.44 to 24. 19.45 and that I last saw h. brown allive on 19.75 Immediate cause of death DURATION Due to Due to Due to Durations Due to Due to Due to Durations
14. Maiden name Sugan Elizabeth Hyle 15. Birthplace Maryland	(Include pregnancy within 8 months of death) Major fiedings of operations
16. Informant Mrs. Lillie May Kaneen	Autopsy results
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory, Prospect Hill Cemetery Location Towson, Maryland 18. Funeral director Address Towson, Maryland 19. March 20 19. (Date rec'd by registrar) Date thereof. March 22,10 (month) (day) (year) (month) (day) (year)	injured at home, farm, industry, public place (where?) Means of injury 4 injured at work? 23. SIGNATURE. M. D. or other M. D. or other

PLEASE VS A15

WRITE

N RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING KIK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400

02620

CERTIFICAT	TE OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Pikesville (If outside city or town limits, write RURAL and give nearest town) Street No. 3508 Old Court Road. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3.(a) FULL NAME NATHAN H. KAUFMAN	3. (b) Social Security Number		
4. Sax Male 5. Color or race 8. (a) Single, married, widowed, or divorced Married.	MEDICAL CERTIFICATION 26. DATE DF DEATH March 9th. 1945 A		
B.(6) Name of husband or wife	31. I CERTIFY that death occurred on the date above stated; that I attended deceased from Goustin Gou		
9. Birthplace	Due to. arterio - Selevasies 3 7 1. s.		
12. Name	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.		
Address 3508 Old Court Road. 17 Entombment Date thereof 3//3/45 (Borial, cremation, or removal. Which?) Cemetery of trematory Druid Ridge.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Pike sville, Md. 18. Funeral direct lavid Southern Son	Where did Injury occur?		
19. 3 - 10 - 19. 45 Dt. E. 6. Md. Registrar	23. SIGNATURE M.D. or other Address 1041 St. Paul St. Date eigned 3 - 10 - 44		

APR 5 1945
BUREAU V.S.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 117-01

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For Thewborn infants give residence of mother)		
County.	state Mr. Country Dalto.		
City or town	middle Burger		
How long in above place of death?	City or town		
Hospital, Institution, or street address where death occurred:	Street No. 6 230 Ola Caston Co.		
How long in hospital pr institution?	2.(a) If veteran, name war. 2 Hours How H		
A	With the state of		
Trank (lerw, (TRANCIS W. KERIN) 3.(b) Social Security Number 209-01-7650		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male thite Hedows	20. DATE OF DEATH. 3-31-41 19 19 19 19 19		
8.(6) Name of husband or wife Celler Leale	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8.(c) If alive, give ageyears			
7. Birth date of	and that I last saw halive on		
deceased (mo., day, yr.) R ACF. Years Months Days If less than one day	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Sastur Muu		
9. Birthplace	Due 10		
10, Usual occupation Bartands	A /		
6.0 10-1-216	Due to		
11. Industry or business live age, misses the	HUIDT por o . Gastue		
12. Name John Fr. Norm	Dther conditions		
	(include pregnsncy within 8 months of death)		
14. Malden name Cathe Lynch 15. Birthplace Seeland	Major findings of operations		
\$ 15. Birthplace	Date of op.		
16. Informant Rev-Joseph Reus	Autopsy results		
Address Frenchtown Oa,	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
7,000	22. VIOLENCE: If death was due to external causes, fill to the following;		
(Borial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Gemetery or crematory.	Where did injury occur?		
Location Cleanfield tog, ba:	Injured at home, farm, industry, public place (where?)		
John G. Connelly	Means of injury Injured at work?		
18. Funeral director	Maino		
Address 4186 Colem Com. Journal	23. SIGNATURE DE LA COLLA PARTICIPATION DEL COLLA PARTICIPATION DE LA		
4-2- ul The & Cornelly	assa Wept. Med. Warren Jact or other		
(Date red by registrar) (Date red by registrar)	Address A Cold Address A W. Man Date signed 3 31 TV		

MAY 2 1945
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02622

CERTIFICA	ATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME augusta Victo	rià Kestner-Blische 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Pennale Whate Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH. Sandal 19 19 4 5 10 1
8.(6) Name of husband or wife	21. I CERTIFY that dealb occurred on the date above stated: that Lattended deceased from 19 10 19 45 and that I last saw h 22 alive on 19 45 Immediate pulse of death 19 10 10 10 10 10 10 10 10 10 10 10 10 10
9. Birthplace (Town, county, and state) 10. Usual occupation	Due 1a.
11. Industry or business 12. Name	Ditter conditions of Service Land arteurs e
14. Malden name South Prince 15. Birthplace 18. Informant Pro Hornard Massage 18. Information Pro Hornard Massa	Major findings of aperations
Address 3 700 Parison a Carlos 17. Bate thereot Man 23/45 (Burial, cremation, or removal, Which by (wong)) (day) (year)	PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematity and Ballis Md	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury
18. Funeral director description of the second of the seco	23. SIGNATURE M. D. of Other
(Date rec'd by registrar) Registra	Address TO Crawa Wate signed 5 (1) 4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CEDTIFICATE OF DEATH 02623

37

CERTIFICA	IE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maufund County Baltimore City or town (If ontside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME J. Clinton Kid	d. 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Wildowed -	MEDICAL CERTIFICATION 20. DATE OF DEATH MANY 18 19 45 at 1.12 P
6.(b) Name of husband or wife. A. C. B. (c) If alive, give age deceased years 7. Birth date of deceased (mo., day, yr.) 7-el. 19 1855	and that I last saw h wallive on how 194
8. AGE: Years Months Days If less than one day 90 - 27 hrsmin.	Immediate cause of death Unitarion Curturist Constitution Constitution Curturist Constitution Constit
9. Birthplace	Due to Will Wasser Autor 10-193
12. Name. Itemy + Kedd. 13. Birthplace Bollo Co., nd;	Dither conditions
14. Maiden name Mangaret Heduck 15. Birthplace Bulto Co md.	(Include pregnaucy within 8 mouths of death) Major findings of operations Date of op.
18. Informant Wilson C. Hidd. Address Suthewille md.	Autopsy results
(Burial, cremation, or removal. Whigh?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causas, fill in the following; Accident, suicide, or homicide
Commetery or crematory Configuration Configuration Configuration and Configuration a	Where did injury occur?
18. Funeral director San San Ma Duroks Address Sparle, ned.	Means of Injury Injured at work? 23. SIGNATURE Because C. Rescu
19. March 1945 Wilner C. Ensonegistrar	M. D. or other

APR 5 1945
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 93-d

U2624 P

	Reg. Dist. No		
1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or streef address where death occurred:	Street No. Street No. (If rappl., give LOCATION)		
How long in hospital or institution?	2.(a) if veteran, name war		
3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Singlo, married, widowed, or divorced	Lenaph fr. 3. (b) Social Security Number		
Male white Marvill	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE		
8,(b) Namo of husband or wife analy J. J. Marie Co. J.	21. I CPRIFY that death occurred on the date above stated; that t aftended deceased from		
7. Birth date of S.(c) If alive, give age years	and that I last saw harmalive on Thorn 9 1945		
deceased (mo., dey, yr.) 8. AGE: Years Months bays If less than one gray	Immediate cause of death DyRATION DURATION		
66 0 10min.	A		
9. Birthplace (Town, county, and state)	Due to The par Belletiz aroso		
10. Usual occupation associated rush hu	Dasaelar Durine 2 pr		
11. Industry or business 4. W. Mulwill Life Co	Due to		
12. Name Setty State of The Sta	Other conditions		
	(Include pregnancy within 3 months of deuth)		
14. Maiden names Julia Books 15. Birthpiace	Major findings of operations.		
E 15. Birthplace	Dale of op.		
16. Informant Concess G. Salles S.	Autopsy results		
Addiess Calorisville!	PHYSICIAN: Flease underline the cause to which death should be charged statistically.		
17 Consombralent Date thereof March 12/4V	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or (emoval. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemefery or crematory	Where did Injury occur?		
Location Location	Injured at home, farm, industry, public place (where 2)		
18. Funeral director SUSSIA PHONYMAD	Means of Injury Injured at work?		
Address 108 WM Off Oxol.	an source Alue / h tower		
19. (Date red by registrar) Registrar	23. SIGNATURE M. D. or other Address Date Tree Date Signed (0)		

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WITH UNFADING INK.

PLAINLY, WITH UNF is especially important.

PLEASE WRITE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore &

02625

5713 Bel Air Rd. Date signed 3-30-45

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No	••••
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	City or town Raspeburg (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred: 7207 Bel Air Rd.	Street No. 7207 Bel Air Rd. (If rurai, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Numb	er
Theresia Anna Kohlerman 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Fe Wh M	20. DATE DE DEATH	945pm
6.(b) Name of husband or wife. Henry C. Kohlerman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 28 19.45 to Mar 29	
7. Birth date of Section 18 Section 19 Secti	and that I last saw her. alivo on	194.5
deceased (mo., day, yr.) Mar 28, S S S S S S S S S S S S S S S S S S S	Immediate cause of death	DUBATION
		mos
57 1hrsmin.		
B. Birthplace Baltimore Md. (Town, county, and state)	Oue to	
1D. Usual occupation Housewife		
11. Industry or business At home	Due fo	
12. Name Pater Unkelbach 13. Birthplace Germany	Other conditions Hypertension 12	2 yrs.
	(Include pregnuncy within 3 months of death)	
TC	Major findings of operations.	
· ·	Date of op	***************************************
16. Informant Mr. Henry C. Hohlermann	Autopsy results	
Address 7207 BelAir Rd.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burnal (Burnal or removal, Which?) [Burnal or removal, Which?) [Burnal or removal, Which?]	Accident, suicide, or homicide	
N.1. P	Where did injury occur? (City or town) (County) (Stat	
Location 13 war 1900	Injured at home, farm, Industry, public place (where?)	***************************************
18. Funeral director of transally distribution	Means of Injury Injured at work?	
Address 2818 E. Baltimare St.	200 IGNATURE Q. J. Milliuson	
19. (Date receptor registrar) Registrar	A. L. Wilkinson, M.D. or other	

Registrar Address.....

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 73-01 CERTIFICATE OF DEATH correct 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Baltimore State Maryland 5 county Baltimore City or town. Fort Howard. (If outside city or town limits, write RURAL and give nearest town) Baltimore information earefully of death clearly and (If ontside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: 3113 Dillion Street Vets. Adm. Fac. Fort Howard. Maryland (If rural, give LOCATION) How long in hospital or institution? 6 days 3. (a) FULL NAME 3. (b) Social Security Number Jacob F. Kues 2124 20 1501 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION White Mal e Married 20 CATE OF DEATH March 10 1945 at 8:50 Pm 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife Daisey B. Kues March 4 19.45 to March 10 1945B.(c) If alive, give age42 end that I last saw h. im _alive on _ March_10 ______1945 deceased (mo., day, yr.) December 31, 1898 Immediate cause of death.... If less than one day 8. AGE: RESERVED

9. Birthplace.......Baltimore, Md. (Town, county, and state) Supervisor for ash collection. 11. Industry or business

12. Name August Kues 13. Birtholace Maryland

Pennsylvainia

Fort Howard, Maryland

Cemetery or crematory Mt. Carmel Cem.

Incation Odonnell St.

14. Maiden name Ella Wetzel

MARGIN

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WRITE

14. Maiden na 15. Birthplace

16. Informant.....

Burial 17. (Buriai, cremation, or removai, Which?)

Address

xxx paralysis of lower extremities.

Clinical Records, Vets. Adm. Facility Autopsy results. No autopsy

Major fieldings of operations none

Means of Injury

PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Where did injury occur? (City or town) injured at home, farm, industry, public place (where?)

Accident, suicide, or homicide.....

Anemia, pernicious with residual

(Include pregnancy within 3 months of death)

Date of on.....

Address 1901 Eastern Ave. Balto. Md.

18. Funeral director Lilly & Zeiler, Inc.

723. SIGNATURE CAL OF STREET C. C. KENNEY, M.D. CLIN Registrar Address Fort Howard, Maryland Date signed 3-11-45

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 42.2

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Sophia A. Lathan	3.(b) Social Security Number
Female S. Color or rate 6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE DE DEATH MANCH 27 18.45 at 4.15 A
8. AGE: Years Months Days If less than one day 78 11 4	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 10. 27. 19. 45. and that I last saw have alive on have 2 19. 19. 19. Immediate cause of death DURATION 2. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
9. Birthplace	Due to
12. Name John N. Hubner 13. Birthplace Germany Helen B. Ziegler 14. Malden name Helen B. Ziegler 15. Birthplace Germany	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mrs.S.J.Miller Address 1808 Kinship Rd.	Autopsy results PHYStCIAN: Flease underline the cause to which death should be charged statistically.
17 Burial (Burial, cremation, or removal Which?) Cemetery or crematory Baltimore Com. Balto.Md.	22. VIOLENCE: It deafh was due to external causes, filt in fhe following; Accident, suicide, or homicide
18. Funeral director. Philips Skrung Sons Address 2024 Orleans St. 19. 3 / 28 45 MW-line	Means of Injury Injured af work? 23. SIGNATURE
19	15-60 Ella h. m. 7.27

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02628

1. PLACE OF BEATH: Wine Colgate	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If on side city or town limits, write RUEAL and give nearest town)	State County County
How long in above place of death?	(if out the city in town limits, write RURAL and give neglest town)
Hospital, Institution, or street address where death occurred:	n illement e la rel
	Street No. (If rural, givs LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ella Hora Lay.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	20. DATE OF DEATH DANK 15 1945, at 8 P
8.(b) Name of husband or wife	21. I CERTIFY that deeth occurred on the date above stated; that I attended deceased from
7. Birth date of	and that Liast saw halive on
deceased (mo., day, yr.) March 28-1879	Immediate cause of death College Colle
8. AGE: Years Months Days If less than one daymin.	
9. Birthplace Ballo . M.J. (Town, emnty, and state)	Due to
10. Usuat occupation at Home	Bue to.
11. Industry or business	
12. Name Fraderick Christian 13. Birthplace Germany	Other condition I stylle Millions 15 years
≤ 13. Birthplace Lermany	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
14. Maiden name Sophie Stell	(Include pregnancy within 8 months of death) Major findings of operations.
2 15. Birthplace Baltmore	Bate of op.
Qualic Negro (D. 1.t.)	
Address Dollans Rule	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
R . 21101105	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, nr remnval, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
A /	Where did labury secur?
Cemetery or crematory	Where did injury occur?
Location Castern and . Rd.	Injured at home, farm, industry, public place (where?)
1 R. M. P. all.	Means of Injury Injured at work?
18. Funeral director	1///10 0 0
Address 4 8 Custern ave. Bbelto 21.	25; SIGNAYUSE A DAUTO MA
10 3/19/ 10 45 (Ishu & Connelly	ast pups. Med. Jam. Jan.
(Date rec'd) y registrar) Registrar	Address Date signed 2/14/100

MARIENT OF THE STATE OF THE STA

APR 5 1945
BUREAU V.S.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 153

CERTIFICATE OF DEATH

02629

	_	- 0
Reg.	Dist.	No. 32

Date signed Mek 16 4

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore		state Maryland county Baltimore				
City or town Pikes Villa (If outside city or town limits, write RURAL and give nearest town)						
How long in above place	ot death? 1-1	/2 yrs		City or town. Pikesville	write RURAL and give ne	arest town)
Hospital, Institution, or	street address where o	leath occurre	d:	Street No. 7008 Plymouth Ro		
7008	Plymouth F	Road	***************************************	(If rural, give		• 0 • • • • • • • • • • • • • • • • • •
How long in hospital or	Institution?			2.(a) If veteran, name war	***************************************	***************************************
3. (a) FULL NAME					3. (b) Social Security	Number
	EDNA WA	LKER I	LEFTWICH			
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White		Widowed	20. DATE OF DEATH March 15th,	19.45	11-PM
6.(b) Name of husband	Donela	ss Le	Leftwich	21. I CERTIFY that death occurred on the date above		
				October 19.4		
7. Birth date of	. T., 7 4		c) It alive, give ageyears	and that I last saw h.C.Talive onMarc		
deceased (mo., day, y			1. If love then out down	Immediate cause of death		
8. AGE: Years		Days	If less than one day	Chronic Myocarditis		. ?
59	8	11	hrsmin.	Chronic Elephantias	is	?
9. Birthnlace	Baltimore.	Md.	state)	Due to		
	(Town,	county, and	state)			
10. Usual occupation	Housewif	0		Due to		
11. Industry or business				pue 10		1
H 12 Name	B. F. Wal	ker		Other conditions		
13 Righnlage	Kent Ial	and.	Md.			
es i i i i i i i i i i i i i i i i i i i				(Include pregnancy within 8 m	onths of death)	
14. Maiden name			•••••••••••••••••••••••••	Major findings of operations	***************************************	
≥ 15. Birthplace	Salem, N	• 1•				
16. Interment. Na	omi W. Hor	n		Autopsy results		
Address 408 Wimslow Rd., Balto., Md.		PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Addicad				22. VIOLENCE: If death was due to external caus	es, fill in the tollowing;	
17. Burial	or removal. Which?)	Date ther	eof March 17,1945 (month) (day) (year)	Accident, suicide, or homicide	Date of	
			Cem.	Where did injury occur?(City or town)	***************************************	•••••
				Injured at home, farm, industry, public place (who		
			& Sons,	Means of Injury	Injured at work?).()
			Balto., Md.	23. SIGNATURE G. 6.	chalp	MAS
19.3/16/	1945	. 6	Encha & Registrar	Address Pikesville-8, Md		. 1

RECFIVED

APR 5 194

BUREAU V.S.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4)

CERTIFICATE OF DEATH

0263035

	E OI BEHILL	Reg. Dist. No	
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL NEAR and give town) Sireet address, hospital, or instillution: Slay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	Street No. Old Field	County W.S., write HORAL NEAR and give	
3. (a) FULL NAME Viola Mand X	emmon	3. (b) Social Security	Number
4. Sex 7 5. Bolor or race 6.(a) Single. married, widowed, or divorced lledow	MEDICAL 20. DATE OF DEATH LUCK	CERTIFICATION 19 4	5,27 FM
6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date	VI 10 mas. 1	- 0
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death	Inyocardeti'	OURATION
10. Usual occupation 11. Industry or business 12. Name 13. Birthplace	Oue to Other conditions	(in 3 months of death)	
14. Maiden name Salbura China Calamford 15. Birthplace 16. Informan M Sryvin Co. Lemmon Address 6 28 A Demotra Rd.	Major findings: Of operations Of autopsy		PHYStCIAN Please underline the cause to which death should be charged statisti- cally.
17. (Burial, cremation, or removal, Whych?), (month) (day) (year)	22. VIOLENCE: If death was due to externa		
Commetery or crematory Location - Justine Location Locat	Where did injury occur?(City or to Injured at home, farm, industry, public pla Means of injury		(State)
18. Funeral director & Schemuling of Address 32 S. Bloudway,	signature G, 24,	France	
19. 3/V/ 19. The Control of the Cont	Address Parlit	M. D. M. D. Oate signe	2/28/45

(Date rec'd by registrar)

.Date signed 3



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(952)

02632

CERTIFICATE OF DEATH

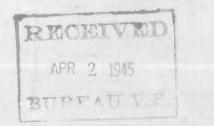
30

1. PLACE OF DEATH: County Baltimore City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town) 9 months, 1 day How long in above place of death?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	1	
				Politimon o		
				Visit		
				City or town	rest town)	
How long in above place Hospital, institution, or	of death?street address whe	re death occurred		Street No. 1415 Homestead Street	iest wwii)	
Spring Gr	ove State	e Hospit	al	(If rural, give LOCATION)	/	
How long in hospital or	Institution?	9 months	, l day	2.(a) If veteran, name war		
3. (a) FULL NAME		isa Loes		3. (b) Social Security	Number	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION		
		Month	Second Se			
Female	White		Married	20. DATE OF DEATH March 14 19.45	at 11:00 p	
6.(b) Name of husband	or wife	Eric Loc	ser	21. I CERTIFY that death occurred on the date above stated; that I attended dece June 13 1944 to March	ased from	
7. Birth date of) If alive, give ageyears		19.45	
deceased (mo., day, y	Janua	ary 9,]	.894		DURATION	
8. AGE: Years	Months	Days	If less than one day	Immediato cause of death	11 hrs.	
51	2	5	hrsmin.	ASAMARA SA	***************************************	
	Rolltimo.	ne Mam	rland	Acute myocardial failure	4 hrs.	
9. Birthplace	(Tow	n, county, end s	tate)	Due to		
10. Usual occupation	Housewi	fe		Chronic hypertensive cardio-	*	
11. Industry or business	Home			vascular disease	Indef.	
And the second s		nd Valke	rt.	Other conditions Obesity	17	
12. Name		***************************************		Other conditions		
	Germany			(Include pregnancy within 3 months of death)		
14. Malden name	Johanna	Lehnein		Major findings of operations		
14. Malden name 15. Birthplace	Germany			Date of op.		
	Hospita	1 mecono	s	Autopsy results. none		
16. Intermant				PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Address	Catonsv	ille, Ba	lto28, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial, cremation,	sal.	Date then	01 3-18-45	Accident, eulcide, or homicide		
(Burial, cremation,	or removei. William	O(7th	(mouth) (day) (year)			
Cemetery or crestato) 0	upon	Jara	Where did injury occur?(City or town) (County)		
Location	alban	vovo	THE	Injured at home, farm, Industry, public place (where?)	•••••	
	-6		7.0	Means of Injury Injured at work?		
1B. Funeral director		Ag. A	and the state of t	(D) 754	(_	
Address	ato	200 2	ulle I	23. SIGNATURA aherb & Fardus	W Uest	
3	115	5 2	1. C. andres	(Robert E. dardner, M. D. M. D.	or other	
(Date rec'd by re	(istrar)	·····	autidocal Col	Address Catonsville, Balto28 date signed.	3/15/40	

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (109)

02633

	CERTIFICATE	OF DEATH
CE OF DEATH.	11 2	TICHAL DECEDERATE (

	Nog. Disc. No
1. PLACE OF DEATH: Baltusain	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mark land county Paltimore
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
35 Alleghaner Avenue	Street No. 35 ALG MANGE MUCHING
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
CLAUDIUS R. L	UMPKIN 3.(6) Bottal Betailty Humber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH March 26, 1945 at 305 A
6.(b) Hame of Austral or wife LAMPA M. Lumb Kin	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	May 12, 13 to Mar 26 19
7. Birth date of deceased (mo., day, yr.) September 12, 1861	and that I last saw h the on the same and that I last saw h the same and the same a
8. AGE: Years Months Days If less than one day	Immediate cause of death
83 6 14	Premune (Cours) 3 was
9. Birthplace Maryland	Due to
(Town, county, and state)	900 (0.
10. Usual occupation FAND Tet BUSINESS	Due to.
11. Industry or business Ketired	
12. Kame Robert Lumpkin	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Amausa Lumpkin (?) 15. Birthplace North Carolina	Major findings of operations.
2 15. Birthplace North Carolina	major manage of operations. Date of on.
16. Informant Mrs. Joseph S. Parker	Autopsy results.
Address 35 Alleghauer Ave., Tourson, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burist / May 29 1016	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Pto spect Hill Came tery	Where did injury occur?
Location Townson, Mary 1945	Injured at home, farm, industry, public place (where?)
18. Funeral director Johns Bussus' Source	Means of Injury Injured at work?
Address Towson, Maryland	Hulfaller W. W. D.
10 3/28 45 a. ur. sklice	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 3/27/41

Registrar Address....

100 d. V.S. 3/28/45

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-0)

CERTIFICATE OF DEATH

02634 P

		CERTIFIC	Reg. Diat. No.	
1. PLACE OF DE	ATH: Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infente give residence of mother)	
City or lows. Parkville (If outside city or town limits, write RURAL and give nearest town)			State Md. County Baltimore City or towo Parkville (If outside city or town limits, write RURAL end give nearest town)	***
Hospital, Inetitution, or	etreet address where d	eath occurred;	Street No. 3021 Woodside Ave. (If rural, give LOCATION)	
How long in hospital o	r institution?		2.(a) If veteran, name war	100
3. (a) FULL NAM	E	Mery B. Mellery	3.(b) Social Security Number	
4. Sex	5. Color or race	Mary B. Mallery 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	white	widowed	20. DATE OF DEATH Merely 7 19.45 2	1
B.(¿) Hame of hueband	or wife	arles G.	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from Septieary 14 19 45, to Welliam 7 19	5
7. Birth dato of deceased (mo., day,		6.(c) If allve, give age	and that I last saw h. C.L. alive on Telesces 6 1544	1
8. AGE: Years	Months	Days It less than one day	Immediate cause of death DURATION NULLER Regulage Labour DEconyment 21 d.	1
	83 6	15hrs.	min. Browneles Pressessing 31.	
9. Birthplace	N# Ur	onnty, and etate)	Bue to allesso Alexan 210	
house wife			***************************************	
ID. VSUST OCCUPATION.			Due to Chrones Parelechquialo Hephrilis 21 d	******
11. Industry or busines		D		
12. Hame	N.Y.	Burr		
Maiden name	Mary Bla	ckwell	(Include pregnancy within 3 months of death)	
14. Maiden namo. 15. Birthplace	N.Y.		Major findings of operations.	
			Date of op.	
		ery	Autopsy resolts	P-000000
Address 302	21 Woodsi	4 4	22 VIOLENCE, if death was due to external square, till in the fallowing.	
	or removal. Which?)	Date thereof 3/9/45 (month) (day) (year)	Accident, suicido, or homicide	
Cemetery or cremate	, White	marsh Mem.Park	Where did injury occur? (City or town) (County) (State)	
Location Rox	boro Phil	a.Pa.	Injured at home, farm, Industry, public place (where?)	
	Clamonas	F. Hoffmann	Meane of Injury Injured at work?	
18. Funoral director Addrees 1639	9 N.Broad	• • • • • • • • • • • • • • • • • • •	23. SIGNATURE S'ROS. Fa Stevens M.V.	
19. (Date rec'd by re	8 45 gistrar)	a W. Heljes	M. D. or other	٠٠٠٠٠

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (13-2) CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) write RURAL and give pearest town) Heights Ave. 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH

legibly. tem of information carefully. How long in above place of death?.... Hospitat, institution, or street address where death occurred: 3. (a) FULL NAME 4. Sex 7. Birth date of and deceased (mg., day, yr.) Im Mays If less than one day 8. AGE: Physicians: please 9. Birthplace ... Oue (Town, coonty, and state) Due 11. Industry or business Oth important. 13. Birthplace 14. Maiden name 15. Birthplace especially 16. Informant Address (Borial, cremation, or removal/Whi Cemetery or cremator

1. PLACE OF DEATHL

County

I CERTIFY that death occurred on the date above stated; that I attended doce	g K 19 24
that I last saw h. S. T. alive on Dr. andy & Th	19 45
rediate caose of depth	OURATION
Heart Disance	5yr.
10	
10	* *************************************
(Include pregnancy within 3 months of death)	***************************************

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homictde,....

Where did Injury occur?(City or town) (County)

injured at home, farm, industry, public place (where?) Injured at work? Means of Injury

M. D. or other

Registrar

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12

02636

CERTIFICAT	E OF DEATH Reg. Diat. No. 9 38	
1. PLACE OF DEATH: Baltimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State)
Sicolty Elizabet Marquardt	3. (b) Social Security Number 201-07-342-4	e
4. Sex 5. Color or type 1. Birth date of the sex of the se	MEDICAL CERTIFICATION 20. DATE OF DEATH. 1945	off 9 M. J. TATION CCC.
	Date of op. PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide	

APR 3 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALT age 2411 N. Charles St., Baltimore 934 correct CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) The Baltimore and legibl Catonsville (If outside city or town limits, write RURAL and give nearest town) information carefully. Baltimore 2 Weeks. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: 612 Glenolden Ave. Wood's Nursing Home. 5313 Edmondson (If rural, give LOCATION) 2 Weeks. How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number HENRIETTA MARX. 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION tem of i MARGIN RESERVED FOR BINDING Female White Widow 20, DATE OF DEATH March 24th. 19 45 at 2 item 21 CERTIFY that death occurred on the date above stated; that I attended deceased from Marcus Marx every it 7. Birth date of November 30th. 1865. deceased (mo., day, yr.) upply se wri DURATION If less than one day 8. AGE: 79 24 Baltimore. 9. Birthplace..... (Town, county, and state) ADING IN Physicians None 10. Usual occupation...... 11. Industry or businese 12. Name...... 13. Birthplace Wheatfield. WITH UNF important. Germany. (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace 14. Malden name Bertha Major findings of operations..... Germany. PLAINLY, 1 is especially Miss. Bertha Marx. PHYSICIAN: Please underline the couse to which death should be charged statistically. 612 Glenolden Ave. Balto. Md. 22. VIOLENCE: If death was due to external causes, fill to the following; Burial (Burlal, cremation, or removal, Which?) Date thereof March 26, 1945 (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) Hebrew Friendship WRITE Baltimore, Md. Injured at home, farm, Industry, public place (where?) Means of Injury Eutaw Addres 3432 Frederick Ave Date signed / Registrar (Date rec'd by registrar)

De d.V.S.

MARYLAND STATE DEPARTMENT OF HEALTH The correct age 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: information carefully. The co 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or jostitulion?.. 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race MEDICAL CERTIFICATION tem of i RASERVED FOR BINDING item 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of hueband or wife. 7. Birth date of deceased (mo., day, yr.) Supply DURATION Months If less than one day 8. AGE: Years 1D. Usual occupation 11. Industry or business important. 13. Birthplace (Incinde pregnancy within 3 months of death) 14. Malden na 15. Birthplace WITH Major findings of operations PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causee, fill in the following Accident, suicide, or homicide, (month) (day) (year) (Burial, cremation, or removal Which? Where did injury occur? WRITE (City or town) Cemetery or cremators Injured at home, farm, Industry, public place (where?)

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APR 3 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bran

CERTIFICATE OF DEATH

		•			Reg. Dist. 110.
1. PLACE OF DEATH: County Baltimore					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
				•••••••••••••	
City or town (If outside city or town limits, write RURAL and give nearest town)			oward	TIRAL and give possest to	73.1 2
			Davre	tokan and give mearest town)	City or town (If outside eity or town limits, write RURAL and give nearest town)
How long in above place of death? 2. Day S. Hospital, institution, or street address where death occurred:					Street No. Box 2. Ed rewood, Maryland
					Street No. (If rural, give LOCATION)
Vets. Adm. Fac. Fort Howard, Haryland How long in hospital or institution? 2 Days					2.(a) If veteran, name war
		titulion?	Will William		
3. (a) FULL	NAME				3. (b) Social Security Number
		EDWARD 1			
4. Sex	5.	. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION
Male		White		Married	20. DATE DF DEATH Warch 8, 19.45 at 12.21.0A
a the Name of the	11111	Luca France	na Ma	Liskar	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	. , , , ,				1945 to March 8 1945
7. Birth date of			6.(c) If allve, give age5.3	and that I last saw h im alive on larch & 1945
deceased (mo	., day, yr.)	7-	11-91		Immediate cause of death
8. AGE:	Years	Months	Days	If less than one day	Disease of the Heart: 5 Yrs.
	53	7	23	hrs	
					Hypertension, coronary, arteriosolerosis
9. Birthplace	Balt	imore,]	Marylan	idstate)	July/ myocardial insufficiency.
1D. Usual occu	pation	unemplo	rhed		Due to
11. Industry or	business				
当 12 Name	Patri	ck McCu	sker		
13. Birthold	-	eland			
	000				(Include pregnancy within 3 months of death)
14. Maiden 15. Birthpl	name	Jennie P	ayne		Major findings of operations
15. Birthol	ace)hio			Date of op.
				Taba Ada maria	
16. Informant				ets. Adm. Facil	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	Fort	Howard	, Maryl	and	
. D.	rial		Data the	7eof. (month) (day) (yesr)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cre	mation, or	removal. Which			
Cemetery or	crematory	Baltime	ore Nat	ional Cemetery	Where did injury occur?
ounderell of	o. omatory			Maryland	Injured at home, farm, Industry, public place (where?)
Location) -0	
18. Funeral dir	ector	Jane	シス.	Marely	Means of injury Injured at work?
		/128 E	. Fort	Ave., Palto., I	d. for collemen
Address	-		-	11 11	23. SIGNATURE
10 3/	9	,61	-	www./redri	KEN BY, M.D. CLIMATE DINESTOR
(Date rec'	by regist	rar)		Della Regis	strar Address Fort Howard Lary and Date signed 3 - A. F.

A15 NS PLEASE WRITE PLAINLY, WITH UNFARING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

A15 SZ

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18-8

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CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County Baltimore	State Maryland County Baltimore
City or town. (If outside city or town limits, write RURAL and give nearest town)	Polts ovo
How long in above place of death? 30 Days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No. 820 E. Pratt St. Balto. Md.
Wets.Adm.Fac. Fort Howard, Maryland	(If rural, give LOCATION)
How long in hospital or institution?30. Days.	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
THOMAS A MC GEE	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH March 26, 19.45, at 1.1.200P.am
6,(b) Name of Nusband of wife Single	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	February 24, 0 19 45, to March 26, 19 45
7. Birth date of 7.9 37 491	end that I last saw h. i. M. alive on March 26,
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Tuberculosis, chr. pul. far. adv. 2 Mos.
53 2 23hrsmin.	plus
9. Birthplace Baltimore, Maryland (Town, county, and atate)	Due ta
10. Usual occupation Printer	Due to
11. Industry or business	
12. Name Thomas McGee	Diher conditions Arteriosclerosis, generalized
12. Name Thomas McGee 13. Birthplace Maryland	Varicose veins left lag. (Include pregnancy within 3 menths of death)
Boltimore Marriland	Major findings of operations
	Oato of op
16. Informant Vet.s. Adm. Fac. Ft. Howard, Md.	Autopsy results
Address Ft. Howard, Md.	
Busine 3-30-45	22. VIOLENCE: If death was due to external causes, till in the tollowing:
17 Burial Date thereot 3-30-45 (Burlai, cremation, or removal, Which?) (Burlai, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
42 altimore	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured et work?
16. Funeral director. Leonard J. Ruck	0
Address 5305 Harford Ave., Balto., Md.	- as applying It lives
3-30 11- 11/3	23. SIDNATURE KENNEY, M.D. CLIMICAM. D. or other TOR
19. 3-80 (Date rec'd by registrar) 19. 45 (Date rec'd by registrar) Registrar	

APR 3 1945

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) (If rurat, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that + attended deceased from

PHYSiCIAN: Please moderline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(County)

3. SHENATURI

Registrar | Address.

Injured at work?

ec'd hy registrar)

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Cour City How Hos

How 3.

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tD. tt.

MOTHER FATHER

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17.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02642

CERTIFICAT	TE OF DEATH Reg. Dist. No. 4	***************************************
PLACE OF DEATH: nty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town Office of the County (If outside city or town limits, write RURAL and give nearest street No. 36 Months (If rural, give DOATION)	
r long in hospital or institution?	2.(a) If veteran, name war	
(a) FULL NAME	3. (b) Social Security Nu	mber
5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
nale White mudower	20. DATE OF DEATH Proven 13 19.45 at	9.45 P. M
b) Name of husband or wife Late Viola	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	
A) USING OF HESTERING OF ANOSCOLUTION WASHINGTON WASHIN	1 1 1	12 19.4.5
Sirth date of	and that I last saw h	197.5
leceased (mo., day, yr.) March 31- 1866	Immediate cause of death	DURATION
AGE: Years Months Days It less than one day 1	Cornery Thronbrain	1 wk
Birthplace Harrislus Pa	Due to Hypertenone - anteriorclastic	/ / ~
Usual occupation Statemeny Eng (Petered	Due to.	1
Industry or business Sparrones Port		***************************************
12. Name Fassels Mi Fowers	Dther conditions	
13. Birthplace	(include pregnancy within 3 months of death)	
14. Maiden name Ullum Rout.	Major findings of operations.	
15. Birthplace Pa	Date of op.	
Interment Mrs Harold Wilson	Autopsy results	5555×550000000000000000000000000000000
5/ 7/m/ 2/20 10. 10. 10.	PHYSICIAN: Flease underline the cause to which death should be charged stat	iatically.
Address & Gove Way, Nundalic	22. VIOLENCE: If death was due to external causes, till in the tollowing;	
Burial, eremation, or remove. Which?) Bate thereof 3/16/45 (monoth) (day) (year)	Accident, suicide, or homicide	***************
Demetery or crematory Soudow Tark	Where did injury occur?	State)
ocation trederick are	Injured at home, tarm, industry, public place (where?)	***********************
Funeral director She Therman ne - 65. So.	Means of Injury Injured at work?	
Address 715 Light St.	PR PR	
3/16 45 a. W. Nedrick	23. SIGNATURE. M. D. or o	ther
(Date rec'd by registrar) Registrar	Address Twenty Curpus Date signed 3	1.3 7.

THE KILL OF THE ONE PRINTED par 3/16/48

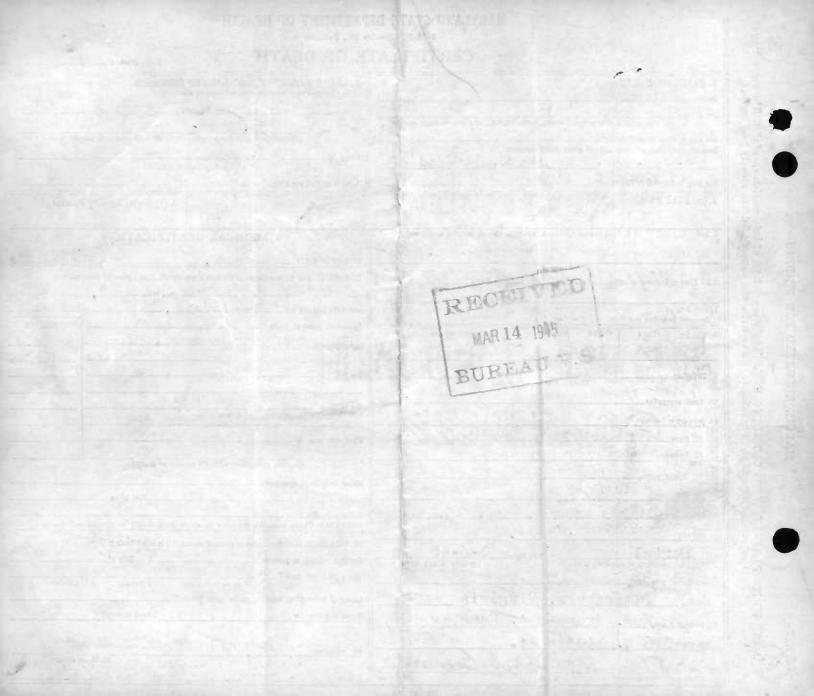
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47:0

CERTIFICATE OF DEATH

02643 Reg. Dist. No. 644

City or town(If o	MOCE Fort Howar footside city or town it of death? 27 street address where Fac Fort tinstitution? 27	d mits, write I Days death occurred Howar	URAL and give nearest town) i: 'd, Maryland	State Maryland County Baltingro City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 607 No. Calhoun Street (If rural, give LOCATION) 2.(a) If referen, name war
3. (a) FULL NAME		an wa s	T A CIT	3. (b) Social Security Number
4. Sec Male	5. Color or race Colored		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
		8.(: Neal	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 9. 19.45
8. AGE: Years 45	Months 7	Days 21	If less than one dayhrsmle	
9. Birthplace North Carolina (Town, county, and state) 10. Usual occupation. Operator 11. industry or bosiness 12. Name. Alexander McNeal 13. Birthplace North Carolina				Due to
15. Birthplace	Virginia			Major findings of operations. Date of op.
	t Howard,		ets. Adm. Facili nd	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Location Petersburg, Virginia 18. Funeral directoMrs. Frances A. Hemsley Address 578 W. Biddle St.			ginia	Where did injury occur?



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

02644, 2

CERTIFICAT	TE OF DEATH	Reg. Dist. No	9
County City or lown City outside city or town limits, write RURAL NEAR and give town) Street address, Markat, or institution: Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	City or town Statistic City or town limits Street No. 514 D State	county Balt	NARSard Notown)
3. (a) FULL NAME aaron M. Miller		3. (b) Social Security	Number
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced Wellower	2D. DATE OF DEATH Than the 21. I CERTIFY that death occurred on the date		
7. Birth date of deceased (mo., day, yr.) Morch 30, 880 8. AGE: Years Months Days If less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation Acceptance Steel least Days 11. Industry or business Bellelens Steel least Days 12. Name Samuel M. Muller	and that I last saw h Last elive on		DURATION & Says
14. Maiden name Clip abetts Unikerrown 15. Birthplace Mulerrown 16. Informant Was Blanch leasey Address 1636 Abbottston 15.	Major findings: Of operations		PHYSICIAN Please underline the cause to which death should be charged statisti- cally.
17	22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	Date of	(State)
18. Funeral director Francisco Filency Inc., le. A. Heros Address 715 Fight St. 19. 444 & a. W. Helrich	Means of Injury 23. SIGNATURE A COMMON COMM	Injured at work?	
(Date rec'd by registrar) Registrar	Address 520 0 St. Challe	MANON / Date signed	5:51.75

Rec 4/4/45

MARYLAND STATE DEPARTMENT OF HEALTH The 2411 N. Charles St., Baltimore 93-d CERTIFICATE OF DEATH Reg. Dist. No. information should carefully be supplied. of death clearly and legibly. 1. PLACE OF DEATHS 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Baltimo Stay in hospital or inst. (yrs., or mos., or days 2(a) IF VETERAN, NAME WAR Stay in this community (yrs., or mos., or days) ____ 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 4. Sex 8.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING of item 6(c) If alive, give age Every ite 7. Birth date of deceased (mo., day, yr.) DURATION If less than one day 8. AGE: INK. (Town, county, and state) UNFADING 1. 10. Usual occupation 11. industry or business 13. Birthplace (Include pregnancy within 3 months of death) especially important. PHYSICIAN 14. Malden nami Major findings: 15. Birthpiac the cause to which death should be charged statisti-PLAINLY cally. Address 22. VIOLENCE: If death was due to external causes, fill in the following: (month) (day) (year) Accident, suicide, or homicide WRITE 1 Where did injury occur?_ (City or town) (County) (State) correct age trijured at home, farm, industry, public place (where?) Means of Injury Injured at work? PLEASE M. D. or other rec'd by registrar) change residence

The correct age

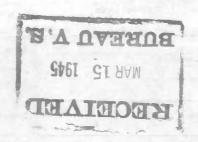
MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNF is especially important. PLEASEWRITE

2411 N. Charles St., Baltimore /34.

CERTIFICATE OF DEATH

	Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore Mount Wilson	state Maryland county Baltimore Co.	
City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? O YKS 7 MOS 6 days Hospital, institution, or street address where death occurred: Mt. Wilson	On the man and 3.7 -	
Bfanch, Md. Tuberculosis Sanatorium	Street No. 8 Hillside Road (If rural, give LOCATION)	
How long in hospital or Institution? O yrs., 7 mos., 6 days	2.(a) If veteran, name war	
3.(a) FULL NAME Charles F. Miller - Alias Kasis	Miliauskas # Unknown	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Single	20. DATE OF DEATH. March 13, 1945 19 45 al 25A.	
5.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from August 7, 19.44 to March 13, 19.45 and that I last saw h image alive on March 13, 19.45	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
47 5 15hrsmin.	Pulmonary Tuberculosis 2 yrs.	
9. Birthplace Baltimore, Maryland (Town, county, and state)	D. MOS.	
10. Usual occupation Presser	Due to	
11. Industry or business	34C 10.	
12 Name Charles Miller 13 Birthplace Lithuania	Other conditions None	
	(include pregnancy within 3 months of death)	
E	Major findings of aperations.	
	Date of op.	
18. Informani Charles F. Miller	Autopsy results.	
Address 8 Hillside Rd., Catonsville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Burial Date thereof Mar. 16, 1945. (Burial, cremation, or removal. Which?)	22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory Holy Redeemer Cemetery	Where did injury occur?	
Location 4430 Belair Rd., Balto., Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Wm. J. Tickner & Sons	Means of injury Injured at work?	
Address Pa. and North Ave., Balto., Md.	23 SIGNATURE Stewart & Shaffer mid.	
19. March 13. 19. 45 Easl 7. Walster (Date rec'd by registrar) Registrar	23. SIGNATURE DE D. or othor Address Mount Wilson, Md. Bale signed 3/13/45	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

02647

				CERTIFICA	ATE OF DEATH Rog. Diat. No.	14
1. PLACE OF DEATH: County				CURAL and give nearest town	(If outside city or town limits, write RURAL and give no	
					2.(a) If veteran, name war	V
3. (a) FULI		JOHN H.	MITCHE:	LL	3. (b) Social Security	Number
4. Ses	5.	Color or race		e. married, widowed, or divorced	MEDICAL CERTIFICATION	
Mal	e	Colored	Si	ngle	20. DATE OF DEATH March 5. 19.45	.12.15 4.
				c) if alive, give ageyea	21. I CERTIFY that death occurred on the date above stated; that I attended deco	eased from 5., 19.45
deceased (n	1 10., day, yr.)	7-1	8-87			
8. AGE:	Years	Months	Days	If less than one day	Tuberculosis, chr. pul. far adv.	
	57	7	14	hrsmi		
9. Birthplace Virginia (Town, county, and state) 10. Usual occepation. Unemployed 11. Industry or business 12. Name Reuben Mitchell 13. Birthplace Virginia			ed		Due to	
14. Malden name Louhanna Lock 15. Birthplace Virginia					(Include pregnancy within 8 months of death) Major findings of operations	
16. Informant.	Clini			ets. Adm. Facili		
Address Fort Howard, Maryland 17. But L. Bate thereof. 3. 6. (Month) (day) (year) Cemetery or crematorical to Martin Company (day) (year) Location Location Address H644 York Rel. 18. 3/2 1848 (L. W. L.				(month) (day) (year)	Means of Injury injured at work? 23. SIGNATURE C. J. KENNEY, M.D. CLINIDAM D.	(State)

VS A15

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Rec 1.115.

2411 N. Charles St., Baltimore 93-

CERTIFICATE OF DEATH

02648

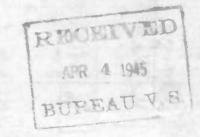
	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State A. A. A. County A. A. County A. C
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME 1. ian Jane Mitch 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married.	MEDICAL CERTIFICATION
PI DI VIII	20. DATE OF DEATH MAYS h 7, 1943 19
6.(b) Name of husband or wife Kichard Jarker Mitchell	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
7. Birth date of	and that I last saw har alive on that 6 1945
8. AGE: Years Months Days If less than one day	Immediate cause of death
9. Birthplace Hause de Grace Md (Town, county, and state)	Bue to
1D. Usual occupation	Due to.
11. Industry or business Own home. 12. Name Alfred W. Touchton. 13. Birthplace Harford Co., Md.	Diher conditions (Include pregnancy within 3 months of death)
14. Malden name Annie	Major findings of operations.
14. Malden name Annie Elymphone 15. Birthplace / far for d Co. Md.	Date of op.
Address White Hall Md. R.D.	Antopsy results
17. Du formation, or removal, Which?) Date thereof March 9, 1945. (month) (day) (yesr)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory. B.E. M.E. L. E.M.E. T.E.Y.	Where did injury occur?
Location Madanna, Baftimore Co., M.d.	Injured at home, farm, industry, public place (where?)
Address How Hilldom Ja.	0, 2, 7,
(Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE M. D. Orockur Address Pauleta and Date signed 3/8/xxx

VS A15

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



2810 MARYLAND STATE DEPARTMENT OF HEALTH 02649 2411 N. Charles St., Baltimore OFD CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: item of information carefully. The co-(For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, Institution, or street address where de the occurred: 301 (If rural, give LOCATION) How long in hospital or institution?.... 3. (b) Social Security Number 3. (a) FULL NAME Mockara MEDICAL CERTIFICATION 4. Sex FOR BINDING 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 35 10 Mar. 31 31 7. Birth date of Van 13 DURATION deceased (mo., day, yr.) pply 8. AGE: MARGIN RESERVED 9. Birthplace...... UNFADING IN (Town, county, and state) 10. Usual occupation. Your 2 reland important. 13. Birthplace (Include pregnancy within 8 mouths of death) 14. Malden na 15. Sirthplace 14. Malden name WITH PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; 17....(Burial, orem Accident, suicide, or homicide..... Where did injury occur?(City or town) WRITE Injured at home, farm, industry, public place (where?) Injured at work? Means of Injury 18. Funeral director. PLEASE Address 19 45 (Date rec'd hy registrar)

APR 3 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-

02650

CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH: Baltimore Cily or town. Catonsyille (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street addreas where death occurred: Opitz Home Edmondson Ave. and Nunnery Land How long in hospital or institution? 3.(a) FULL NAME ELOF T. NELSON 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
Male White Widower	20, DATE OF DEATH March 9th 1945 at 9 m		
6.(c) Name of husband or wife Oliva 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) Nov.17,1862	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h		
8. AGE: Yeara Months Days If leas than one day 82 3 22mln.	Lieuve Demarkeys 430%		
9. Birthpiece	Due to Diher conditions Cinclude pregnancy within 3 months of death) Major findings of operations Date of op.		
18. Informant Esther Tobiason Address 108 8th Ave., Brooklyn Park, Md.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Ceder Hill Location Brooklyn, A.A.Co. Md. 19. Funeral director Address 19. 4 C. Caydes 19. 5 C. Caydes	Accident, suicide, or homicide		

VS A15

PLEASE WRITE PLAINLY, WITH UNFADIN

RECEIVED APR 2 1945 PTERMINE!

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians place write the causes of death clearly and regibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charlea St., Baltimore

02651

CERTIFICAT	E OF DEATH Reg. Diat. No.	***************************************
1. PLACE OF DEATH: BALTS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County	
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give near	***************************************
How long in above place of death?	Street No	est town;
How long in hospital or institution?	2.(a) If veteran, name war	***************************************
3.(a) FULL NAME GEORGE HANNY holan	3. (b) Social Security A	lumber
4. Sex 5 Color of sace 6.(a) Single, grarried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 1945	at 530A M
8.(b) Name of husband or wife ANNAE ASTAN		ed from 1945
7. Birth date of deceased (mo., day, yr.) M. A. I. T. I. S. Y. G. S.	and that I last saw h. Associative on	19 4
8. AGE: Years Months Days If less than one day	Immediate cause of death fenges thoughthought	DURATION 5 Olars
8. Birtholace Coch 9115 Milly M. Balto, Co	Due to Hy fortension	unl
10. Usual occupation	Due to arterior clerotes	leule
11. Industry or business 12. Name JAMMA MACAM 13. Birthplace	Dither conditions	
14. Maiden name Mucy Hisher 15. Birthplace 16. Birthplace	(Include pregnancy within 8 months of death) Major findings of operations.	
18. Iolormant Manus Nolan	Autopsy results	
Bate Ihereol 300 (day) (year) 12 Burial, eremation, or removal. Which?) 12 Burial, eremation, or removal. Which?)	27. VIOLENCE: Il death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemelery or crematory 1 Country 1 Co	Where did injury occur? (City or town) (County) Injured at home, larm, lodustry, public place (where?)	(State)
Location JANN SULL BANK SULL KOMONT	Means of Injury Injured at work?	
18. Funeral director de la company de la com	Bennett a Stones	
19. (Date rec'd by registrar)	Address Rutheruillo Date signed.	2/2/1/1

TO SERVICE AND DESCRIPTION OF THE PROPERTY AND THE PARTY A

CERTIFICATE UN DIVERS

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MEDITED STREET, 180 - 180

RECEIVED

APR 3 1945

BUREAU V.S.

23. SIGNATURE.

3. (b) Social Security Number

(Date rec'd by registrar)

Rac 3/2/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46) CERTIFICATE OF DEATH

MACEO

U	6	0	O	J	2	4
Reg	. D	liat	. N	lo.	~	

County City or town Beck Cy S. V. City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
John Wesley Patterson	2 (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Singlo, married, widowed, or divorced Male while Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION
8.(b) Name of husband or wife Elizabeth Catherine The test of Sold Sold Sold Sold Sold Sold Sold Sold	21. I CERTIFY that death occurred on the data above stated; that tattended deceased from 19.45. to 19.45. Col. 2. 19.45. and that I last saw h. A. alive on 19.45. Col. 2. 19.45. Immediate agnse of death 000 OURATION Bue to.
10. Usuai occupation. Retired. Farmer: 11. Industry or business	Other conditions A. Line Schooling Carshin (Include pregnancy within 8 months of desth) Major fiedings of operations. Out of op.
18. Informant Elizabeth Catherine Satterson Address Vanfolest Med. 17. Burial, cremation, or removal. Which?) Bate thereof Mean 6-45- (Burial, cremation, or removal. Which?)	Autopsy results
Cemetery or crematory Belleville Location Balto Co Mid 18. Funerat director Endew Tipton Address Transfer Med 19 Mel 4 19 40 CE Figure M. 40 (Date ree'd by registrar) Registrar	Where did Injury occur? (City or town) (County) (State) Injured at homo, 127m, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Thanks Date signed 3

APR 5 1945
BUREAU V.S.

PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 46-9 CERTIFICATE OF DEATH Rog. Diat. No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) The co Raltimore Maryland Halethorpe (If outside city or town limits, write RURAL and give nearest town) Halethorpe How long in above place of death?..... 5512 Link Ave. Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information 3. (a) FULL NAME 3. (b) Social Security Number Charles Polster 705-09-6442 4. Sex 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION White Married Male March 24. 20. DATE OF DEATH 8.(b) Name of husband or wife Anna M. Polster. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1945 10 harch 74 19456.(c) It alive, give age 7. Birth date of April I6. 1876 deceased (mo., day, yr.) Supply Months If less than one day 8. AGE: Years MARGIN RESERVED 23 68 Baltimore. Maryland. (Town, county, and state) Clerk 10. Usual occupation..... Baltimore & Ohio R. R. 11. Industry or business Conrad Polster Maryland. important. 13. Birthplace (Include pregnancy within 8 months of death) Elizabeth Gumpman 14. Malden na 15. Birthplace 14. Malden name.... Major findings of operations. Maryland Mrs Anna M. Polster PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 5512 Link Ave, Halethorpe.Md. Date thereof 3/27/1945 22. VIOLENCE: If death was due to external causes, till in the tollowing: Burial 17.....(Bnrial, cremstion, or removal. Which?) Accident, suicide, or homicide..... (month) (day) (year) New Cathedral Where did injury occur?(City or town) Old Frederick Rd, Baltimore Injured at home, farm, industry, public place (where?) 18. Funeral director. Howard Means of Injury Infured at work? W. Pennsylvania Ave. Towson.

I-30Am

DURATION

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

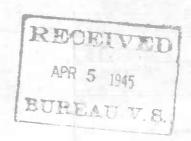
Bureau of Vital Statistics, Baltimore (937)

Reg. Dist. No. 43

Date signed 3

CERTIFICAT	E OF DEATH U2655
1. PLACE OF DEATH: (a) County Balto. (b) City or town ESSAX P.O. (If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution: Philadelphia Rd. (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in this community (yrs., mos., or days) 57yrs	2. HOME (USUAL RESIDENCE) OF DECEASED: (a) State Md. (b) County Balto. (c) City or town ESSEX P.O. (If outside city or town limits, write RURAL and give town) (d) Street No. Philadelphia Rd. (If rural give location) (e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME 3 (b) If veteran, name war 3 (c) Social Security No. 4. Sex 5. Color or race 6 (a) Single, married, widowed, or	MEDICAL GERTIFICATION 20. Date of death March 23 1945, at 415 Pe. M.
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. divorced 6 (b) Name of husband or wife	21. I certify that death occurred on the date above stated; that I attended deceased from 1945, to Marin 23 19 45, and that I last saw that alive on Marin 23 19 45. Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) Mar. 31, 1873 8. AGE: Years Months Days If less than one day 71 11 23 hr. min. 9. Birthplace Balto Md. (Town, county, and state)	Due to Assissa - Vascular distresse Due to
10. Usual occupation Housewife 11. Industry or business 12. Name Geo. Friedrich 13. Birthplace Germany 14. Maiden Name Annie Walz	Other conditions All Maller (Include pregnancy within 3 months of death) Major findings: Of operations Of autopsy Of autopsy Of autopsy Other conditions PHYSICIAN Underline the cause to which death should be charged statistically.
15. Birthplace Germany 16. (a) Informant Mrs. Barbara Biddison (b) Address Phila.Rd. Essex P. O. Md. 17. (a) burial (b) Date thereof Mar. 27, 1945 (Burial, cremation, or removal) (b) Date thereof Mar. 27, 1945 (c) Cemetery or crematory Zion Lutheran Location Stemmers Run, Md. 18. (a) Funeral director Samuel January (b) Address 7401 Belair Road	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) (e) Means of injury
19 (a) A4 - March (b) Mm. 9. d. Viljaniau Registrar	23. Signature

Address



02656

Address Fort Howard Maryland Date signed 3-8-45.

2411 N. Charles St., Baltimore 462

CERTIFICATE OF DEATH

Reg. Diat. No......

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME ZESRO K. RICE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MarriedSep.	MEDICAL CERTIFICATION 20. DATE OF DEATH. March 7. 19.45., 21.11.50P.
6.(6) Name of bushand of wife Rdna Rice 6.(c) If alive, give age 48 years 7. Birth date of deceased (mo., day, yr.) 12-30-95	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 14, 19.45, to March 7, 19.45. and that I last saw him alive on March 7, 19.45. Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day 49 2 4 hrsmin.	Carcinoma, esophagus, epidermoid 6 Mos.
9. Birihplace Virginia (Town, county, and state) 10. Usual occupation Janitor. 11. Industry or business 12. Name James. Rice 13. Birthplace Virginia 14. Malden name. Nannie ? Will 15. Birthplace Virginia	Due to Dither conditions None (Include pregnancy within 3 months of death) Major fiadings of operations Bionsy, Jans 23, 1945
18. Informant Clinical Records, Vets. Adm. Facility Address Fort Howard, Maryland	Autupsy results
17. Bural (Burial, cremation, or removal, Which?) Cametery or crematory Location 18. Funeral director Address 322 N. Schroeder St.	Accident, suicide, or homicide

Registrar

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING MA

The correct age

Supply every item of information carefully. The please write the causes of death clearly and terriby

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upply every item of information carefully. The correct age se write the causes of death clearly and legibly.

WITH UNFADING IN important. Physicians

PLEASE WRITE PLAINLY, WITH UNF is especially important.

3/10 (Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



02657

CEPTIFICATE OF DEATH

		CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF (For newborn lufants give residence of m	DECEASED:
City or town	Fort How	and, write RURAL and give nearest town)	State Maryland Coun Curtis Bay, City or town (If outside city or town limits,	Maryland write RURAL and give nearest town)
Vets. Adn	n. Fac. For	t Howard, Maryland	Street No. 2125 Hawkins Poi	nt LOCATION)
How long in hospital	or Institution?	Jays	2.(a) If veteran, name war	
3. (a) FULL NAM		RLES F. ROBERTS		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Male	hite	Married	20. DATE OF DEATH. March 8.	1945 at 7:40 P.N
6.(b) Name of hysband	f or wife Ri	te C. Roberts 42 year	21. I CERTIFY that death occurred on the date above March 5. 194 and that I last saw h. ilalive on March.	e stated: that I attended deceased from 5 to March 8., 19.45
deceased (mo., day,	yr.) 10-5	<u>-1882</u>	Immediate cause of death	DURATION
8. AGE: Year		Days It less than one day 2min	Disease of the Heart:	l Month
	Unemploy	Maryland county, and state) red	ove/o/ Insufficiency, fibrillation, Class V	euriouler
13. Birthplace L		ts	Other conditions	
14. Malden name	Ann Kenne	er		
14. Malden name	Frederic		Major findings of operations	
		ords, Vets. Adm. Fac.	Autopsy results	ch death should be charged statistically.
17. Buri (Burial, crematic	al	Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	Date o1
Cemetery or crema	Baltime Baltime	ore National Cemetery ore, Maryland	Where did injury occur?(City or town) Injured at home, farm, industry, public place (wh	
	A. Lee		Means of Injury	Injured a1 work?
Address 19	4644 Y	ork Road., Balto., Md.	23 SIGNATURE OF STREET	o.D. OLINICMIP. or behor CTOR aryland Date signed 3-9-45

Pare 3/10/45

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly County Baltim (For newborn infants give residence of mother) information carefully of death clearly and (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospifal or institution? 2.(a) if veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number (Rubon 4. Sex 5. Color or race MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING 7. Birth date of deceased (mo., day, yr.) Immediate cause of death. 8. AGE: If less than one day ADING INK. fo. Usual occupation. 11. Industry or business 13. Birthpiace (Include pregnancy within 3 months of death) 15. Birtholace especially PLAINLY. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide..... (Burial, cremation, or removal, Which? (month) (day) (year) Where did injury occur? WRITE (City or town) injured af home, farm, industry, public place (where?) Means of injury PLEASE Address

(County)

Injured et work?

Reg. Dist. No.

DURATION



. Supply every item of information carefully. The c please write the causes of death clearly and legibly

WITH UNFADING IN important. Physicians

PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8372)

CERTIFICATE OF DEATH

02659

	ъ-
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore	State Md. County Balto.
City or town	
How long In above place of death? 62 years	City or town Parkville (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	OZOE Old Hamford Dood
8305 Old Harford Road	Street No. OSOS UIG REFIORG ROAG (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
CAROLINE H. ROTHFUSS	**
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white married	20. DATE OF DEATH March 29th 19. 45 at 10: 10Pm
B.(b) Name of husband or wife Wm. Rothfuss	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	March 72 19 45, 10 March 29 19 45
7. Birth date of deceased (mo., day, yr.) December 13th. 1874	and that I last saw h 12 alive on March 29 18 45
8. AGE: Years Months Days It less than one day	Immediate cause of death
	Coersbert Limorrhage Iwa.
9. Birthplace Germany (Town, county, and state)	Due to
(Town, county, and state)	
10. Usual occupation Housewife	Due to.
11. Industry or business	
E 12 Name Christian Zinn	Other conditions.
E TOTAL CONTROL OF THE PROPERTY OF THE PROPERT	
	(Include pregnancy within 3 months of death)
14. Maiden name Fredericka	Major findings of operations.
14. Maiden name Fredericka	Date of op.
16. informant Mr. Wm. Rothfuss	Antopsy results.
	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address 8305 Old Harford Road	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, eremation, or removal, Whiteh?) Bate thereot Apr. 2, 1945 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Parkwood	Where did injury occur?
Location Balto. Md.	injured et home, farm, Industry, public place (where?)
A 1 1 T	Means of injury Injured et work?
Address 7401 Belair Road	a. W. Brans W.A
Wes 31 US OW Bas-	23. SIGNATURE J. M. Darves W. D. or other
19. May . 30 1945 (L. M. Dayse Registrar) (Date rec'd by registrar)	Address 28/0 Daylor live. Date signed 3/30/45

Registrar Address Q. 810 Ja

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PLEASE WRITE PLAINLY, WITH UNFADING IN is especially important. Physicians:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

02660 Reg Dist No 38

	,
1. PLACE OF DEATH: Backs	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary and County Baltimore
City or town	
	City or town (1f outside city or town limits, write RURAL and give nearest town)
Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Nospital, institution, or street address where death occurred:	Street No. 262 Ridge - Ave
annumber	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) 1 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
truny Lee Ruhe	220-03-885
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION -
Mala White levones	20. DATE OF DEATH Much 12 1965 11/2-3
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: Ahat 1 attended deceased from
	16
7. Birth date of P / C / C / C 1 alive, give age years	and that I last saw k
deceased (mo., day, yr.) Secember 18, 1871	Immediate cause of death
8. AGE: Years Months Days If less than one day	
47 2 25nrsmin.	10 At An An Al Control
1040	Jeg Politica State of the State
9. Birthplace Ballo. G. Mary and	Due to
(Town, county, and state) 10 House county Press Oberator	
10. Usual occupation III	Que to.
11. Industry or business Black + Decker Mfg. Co.	
12. Name Rekert Henry Rykil 13. Birthplace Marvland	Other conditions
13. Birthplace Mary and	1.11.11.11.11.11.11.11.11.11.11.11.11.1
14. Maiden name Annie Lee	(Include pregnancy within 3 months of death)
14. Maiden name Annie Lec	Major findings of operations.
≥ 15. Birthplace MG.	Date of op.
16. Informant Annie Lee Ruhl	Actopsy results
	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
Address 262 Ridge Aveg Towson, Nd.	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Bate thereot Mat. 4 1945 (month) (day) (year)	
(Burial, cremation, or removal, Which?) Bate thereot (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Fairview Meth. Com.	Where did injury occur?
Location SUMMISTERS BUSTO-lag Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of injury Injured of work?
Address Township Treatment of	23. SIGNATURE
19. Mar 14 1845 WHILLIAM	Julesville Med M. Dy or other

TODORT A TOTORY BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

EDTIFICATE OF DEAT

1 2	6 2	9 "	10	- 1
- 1	1	15	F.	
. 7	2	1.7	1.7	- 5
	1	0	0	

Reg. Dist. No. 44

	CERTIFICATE OF DEATH	Reg. Diat. No/
1. PLACE OF DEATH: County	City or town. Victory Vill for town (If outside city or town # 4 5/ip 5 7) Street No. 4 5/ip 5 7)	County Baltimore (20) (Wal) Value am Court Tal, give LOCATION)
Rupert, Rebec	ca Jeanette	173-07-7453
4. Sex 5. Odfor or race 6.(a) Single, married, w Female White Marrio		al certification 655 erch 26 1945 at 65P
6.(6) Name of husband or wife. Archie Rupert	21. I CERTIFY that death occurred on the	date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less to 49	han one day years and that I last saw hallye on k	Dead on arrival Corer 19 19 19 19 19 19 19 19 19 19 19 19 19
B. Birthplace	, Pa. Due to Carcinoma o	of breast - P6 months
12. Name John Haynes		
13. Birthplace 11. 358077 14. Malden name I Ja May Crame 15. Birthplace Bloomsborg, Pa.	Major findings of operations	within 8 months of death) Date of op
16. Informant Genge 11. Wagner Address 4 51 pstream Court 17. Burial Bate thereof (m) (Burial, cremation, or removal. Which?)	Autopsy results	use to which death should be charged statistically. ternal causes, fill in the following; Date of
Cemelery or crematory. Location Montoursuice		place (where?)
18. Funerat director Q. Lee Olan Address 4644 York Rd	Means of Injury Roy 1.	Bigham Jr M. W.
19	23. SIGNATURE	udway Bate signed 3/25/45

Wate: Attending physician, Dr. H. L. Fuller. Ridge Rd, Baltimore (26) Me, out of town, I had not seen case prior to death, but had seen case record a Nurse in attendance at time of death.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02662 30

CERTIFICATE OF DEATH

-			CERTIFICA	LE OF DESTITE	Reg. Dist. No.	9.0
Catonerille				2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of State. Maryland Cou	F DECEASED: mother)	
City or town			City or town. (If outside city or town limits 1710 Be (If rural, give 2.(a) If veteran, name war	s, write RURAL and give no. 1t Ave., LOCATION)	earest town)	
3. (a) FULL NAMI	E Cecelia F	lyder			3. (b) Social Security	Number
4. Sex Female	5. Color or race		, married, widowed, or divorced	MEDICAL CI	ERTIFICATION 19.45	al 2:30 pm
6.(b) Name of husband or wife			n Ryder	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dec	ceased from 719.45
deceased (mo., day, y	n.) 1869?) If allve, give ageyears	Immediate cause of death		DURATION
8. AGE: Years	?	Days		Broncho pneumon		
	9. Birthplace			Due to Chronic myocard Due to Arterios cleroti		unknown
11. Industry or business Home 12. Name Michael Barrett 13. Birthplace Ireland		vascular diseas				
13. Birthplace Ireland 14. Malden name Mary Flynn 15. Birthplace Ireland				(Include pregnancy within \$ r		
15. Birthplace Ireland 18. Informant Hospital records			ords	Autopsy results None	Date of op	*************************
Address Baltimore-28, Md. 17. Baryal Bate thereof. 3-10:45			3-10,45	PHYSICIAN: Please underline the cause to wi 22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	uses, fill in the following;	d statistically.
Cometery or crematory Catheory (month) (day) (year)			(month) (day) (year)	Where did injury occur?(City or town) Injured at home, farm, industry, public place (w	(County)	(State)
18. Funeral director Algun & Fleming Address 14 n 6 fight St			eming	Means of injury 23 SIGNATURE About 5	Injured at work?	est. M. a
19. 3/8 (Date fee'd by re	gistrar) 19.45	De	c. C. lydres	Address Catonsville, Bal	ner, M.D. M.D. to28 Date signed), or other 4 3/7/45

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MARYLAND STATE DEPARTMENT OF HEALTH

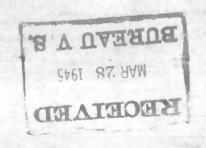
2411 N. Charles St., Baltimore /3-7

02663

CERTIFICATE OF DEATH

Reg. Dist. No.32.

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Maryland County Baltimore	
City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? O. Y.P.S., 3. MOS., 7. days. Hospital, institution, or street address where death occurred: Mt. WILSON	City or town. Dundalk (If outside city or town limits, write RURAL and give nearest town)	
Branch, Md. Tuberculosis Sanatorium	Street No. 2924 Liberty Parkway (If rural, give LOCATION)	
How long In hospital or institution? O. Y. S. 3. MOS. 7. days	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Mrs. Catherine E. Sachs	# Unknown	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Married	20. DATE OF DEATH March 26, 19.45, at 6:25 A	
6.(6) Name of husband or wife. William T. Sachs	21. I CERTIFY that death occurred on the dale above stated; that I alleaded deceased from	
	December 19, 1944, 10 March 26, 19 45	
7. Sirth date of	and that I last saw h. er alive on March 26,	
deceased (mo., day, yr.) August 24, 1913 8. AGE: Years Months Days If less than one day	Immediate cause of death	
31 7 2	Pulmonary Tuberculosis 7 mos.	
	Tuhonalo Posilli	
s. Sirthplace Baltimore, Maryland (Town, county, and state)	Due to 10001 CIE Bac.1.1.1.	
10. Usuat occupation Secretary		
11. Industry or business	Due to	
12 Name William J. Deems	Diber conditions Tuberculous Laryngitis 4 mos.	
13. Sirthplace Baltimore, Maryland		
14. Malden name Elizabeth Dranbeaur	(Include pregnancy within 3 months of death)	
14. Malden name Elizabeth Dranbeaur 15. Sethplace Baltimore, Maryland	Major findings of operations.	
16, Informant Mrs. Catherine E. Sachs	Antopsy results.	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 2924 Liberty Pkwy., Dundalk, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Burial Date thereof Mar 29, 1945 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory New Cathedral Cemetery	Where did injury occur?	
Location 520 N. Charles St., Balto., Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director J. C. Miller, Inc.	Meaos of injury Injured at work?	
Address 2435 E. Oliver St., Balto., Md.	It + 1 Madle nia	
1 AMALIA	23. SIGNATURE MAN TOWN TO MAN D. or other	
19. Mar. 26, 19. 45 Could Walster (Osterec'd by registrar) Registrar	Address Mount Wilson, Md. Date signed 3/26/45	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

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CERTIFICATE OF DEATH

		4	V	
 Dist	No.			

1. PLACE OF DEA	re			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or townRos	emount utside city or town li		URAL and give nearest town)	State Rosemount (If ootside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or	street address where	la oc	:	Street No. 3002 Alabama Avo. (If rural, give LOCATION) 2.(a) If veteran, name war. No				
3. (a) FULL NAME			E SAUNDERS		3. (b) Social Security			
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male	White		Married	20. DATE OF DEATH	13 19.7:4	5 P.M		
	20*************************************		c) It alive, give ageyears	21. I CERTIFY that death occurred on the date about 19	ove stated; that I attended deco	19		
8. AGE: Years		Days 5	if less than one dayhremin.	Immediate cause of death	rench	2 yests		
8. Birthplace	Daless		state)	Due to				
12. NameAt	va.			Dither conditions	mouths of death)			
14. Malden name	Mary San	ds		Major findings of operations				
19 totormant	Emma Saun Alabama A	ders ve.,Ro	semount, Md.	Autopsy results	which death should be charged			
Remove	or removal. Which	Date the	7 (month) (day) (year)	22. VIOLENCE: It death was due to external ca Accident, sutcide, or homicide	Date ot			
Location	Warsaw, V	a.	***************************************	Injured at home, farm, Industry, public place (*************************		
18. Funeral director	William Co	ok, In	<u>e</u> .	Means of injury	Injured at work?			
Addrese 121	- 41	1	Baltimore, Md.	23. SIGNATURE	M. D	oryther V		
(Date rec'd by re	gistrar)		Registrar	Address 1 200	Oate signer	14 14		

1627405 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH A. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: (a) Baltimore City, Maryland Md. (b) County..... (a) State 119 Belmar Ave. (b) Street address. (c) City or town Raspeburg (c) Hospital or institution: (If outside city or town limits, write RURAL and give town) (d) Street No. 119 Belmar Ave. (d) Length of stay in hospital or inst. (yrs., mos., or days)... (If rural give location) (e) Citizen of foreign country?.....(Yes or No (e) Length of stay in Baltimore (yrs., mos., or days) Life If yes, name country..... 3 (a) FULL NAME Frederick W. Schnepf 3 (b) If veteran, name war 3 (c) Social Security Account MEDICAL CERTIFICATION No. 217-05-8433 20. DATE OF DEATH March 27, 1945 at 4. Sex 5. Color or race 6 (a) Single, married, widowed, or 21. I certify that death occurred on the date above stated; that lattenddivorced Married ed deceased from July 1943 to May 2 6 (b) Name of husband or wife Mary E. Schnepf and that I last saw hall alive on Wall- 27 19 4. 6 (c) If alive, give age 59 Immediate cause of death Duration 7. Birth date of deceased (mo., day, yr.) July 27,1888 MANAGERIA 8. AGE: Years Months Days If less than one day 56 8 hr. 9. Birthplace Baltimore County (Town, county, and state) Engineer 10. Usual Occupation 11. Industry or business Other Conditions John G. Schnepf 12. Name.... PHYSICIAN (Include pregnancy within 3 months of death) Germany Date of operation..... 13. Birthplace Underline the Major findings of operation: cause to which 14. Maiden Name Prescilla Druhpfer death should be charged statis-15. Birthplace Princess Ann. Md. of autopsy: 16 (a) Informant Mrs Mary E. Schnepf 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide..... (b) Address 119 Belmar Ave. (b) Date thereof 3-31-45 (Burial, cremation, or removal) (c) Where did injury occur? (month) (day) (year) (City or town) WRITE ge is esp (c) Cemetery or crematory Farkwood (d) Did injury occur about home, on farm, industrial place, in public (Specify type of place) While at work? Location..... place?... 18 (a) Funeral director. True PLEASE (e) Means of injury.... 23. Signature 19 (a) Date A.D. Address 300 Blauco Date signed VS 150

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND BOOK ON BIRTH AND DEATH REGIS-TRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

02666

CERTIFICATE OF DEATH

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1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County				Monard and			
City or fown	Catonsvil	Le	RURAL and give nearest town)	State	-da	inty	
New leasts show steel	outside erty of town	vrs 8	3 mos., 17 das.	City or town	Baltimore	, write RURAL and give near	cost town)
Hospital, institution, or	r street address where	death occurre	d:			altimore Stree	
Spring	g Grove Sta	ate Hos	spital	Street No	(If rural, give		.W
How long in hospital o	or institution?6	yrs., 8	3 mos., 17 das.	2.(a) If veteran, name war			
3. (a) FULL NAM						3. (b) Social Security 1	Vumber
	Fannie Sch	noen					
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced		MEDICAL CI	ERTIFICATION	
Female	White		Widowed	20, DATE DF DEATH	March 9	19.45	af. 12:30am
6.(b) Name of husband	or wife					ove stated; that I attended decea	
		6.	(c) If allve, give ageyears			38 , fo March 9	
7. Birth date of	Dec	ember,		and thaf I last eaw h	.rallve on	March 9	1945
deceased (mo., day,	7	Davs	If less than one day	Immediate cause of de	eath		DURATION
8. AGE: Year 79	3	?	hrsmin.	Cor	onary occlu	sion	6 hrs.
9. Birthplace	Polan	d	state)	Due to Gen	neralized ar	teriosclerosis	Indef.
	House		state)				M 000000000000000000000000000000000000
10. Usual occupation.	nouse	TIE		Due to	***************************************	***************************************	***************************************
11. Industry or busines	ss Home					***************************************	001111011110000000000000000000000000000
12. Name	?	•••••		Dther conditions		***************************************	800008800000000000000000000000000000000
13. Birthplace	?						
A	?			(Include pregnancy within 3 months of death)			
14. Malden name.							
				***************************************	**************************************	Date of op	
18, Informanf	Hospit	tal rec	ords	Antopsy results			
Address Ca	tonsville	. Balti	more-28, Maryland	PHYSICIAN: Please u	anderline the cause to w	hich death should be charged	fatistically.
n .	. /		141 1: 0		ath was due to external cau		
(Burial, cremation	n, or removal. Which	Date fhe	reof (month) (day) (year)	Accident, suicide, or ho	omleide	Date of	
Camatany or cramat	tory Herry		dus.	Where did injury occur	?(City or town)	(Constu)	(State)
B	0 1 9					there?)	
Location	leys da	ME	Λ	Means of Injury	industry, public piace (w	injured at work?	
18. Funeral director	Hach	Leu	uslag	Means of Injury) _000	Injured at Work?	
Address 14:	26 8 18	alta	H	1	1 7/2/	6. 1.00	71, 10
2/	- was	-	210/	28. SIGNATURE BOD	er 6	ner, M.D. M.D.	or other
19. (Date rec'd by re	19	7.	I character	Cation	sville. Bal	to28, Date signed	3/9/45
(Date rec'd by re	egistrar)	-	Colored	Adress Caton		Ma a signed	. Prigran Ragan and Peterson

APR 2 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING MK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0266730

1. PLACE OF DEATH: 2	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County	
City or town. (If outside city or town limits, write RUKAL and give nearest town)	State State State Stounty State States
7:1.	City or iows (1f outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	07/4/010/01/1/
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Emma Lav	inia. Schattas
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fremale White Single	20. DATE OF DEATH. 215. at
8,(b) Name of husband or wife Thorse	24 TOPOTIEV that doubt recovered on the date phone plaints, that I attended deseroed from
6.(c) If alive, give agey	Dec, 27 19 March, 1, 19 March,
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 1600, 6, 1813	Immediate cause of death Pneumonia.
8. AGE: Years Months Days If less than one day	Looar Pheumonia.
7/ 3 23hrs	
9. Birthplace Latouville, Md	Due to Myocarditis. 10 y
(Town, county, and state)	
10. Usual occupation. Italian dusties.	Que to.
11. industry or business At home	Jue 10
= 12. Name John I densy Schott	=
13. Birthplace / Manuscand	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Essama Identilla Clai	Major findings of operations.
14. Maiden name Essessible Schaudwillte Plans 15. Birthpiace Manualand	Date of op.
mi al el 11	Autopsy results.
16. Informant, full for the best of the first of the state of the first of the state of the stat	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address 82/ Frederick More. Col	22. VtOLENCE: If death was due to external causes, fill to the following;
(Burisl, cremation, or removal, Whitch?) Bate thereof (dgy) (year)	Accident, suicide, or homicide
4. 1. 1. 1. 1.	
Cemetery or crematory Andrews Andrews	Where did injury occur?
Location Saltanaspill That	Injured at home, farm, Industry, public place (where?)
Easter day	Means of injury Injured at work?
18. Funeral director Conditional State of the Condition o	
Address 608 to rederich This Cation	23. SIGNATURE D'S LOYAL LOMPONE
" 3/2 "U.S N.C. Andrese	- M. D. or other
(Date rec'd by registrar)	Address Monary Add Marie signed 3-2

APR 2 1945
BUREAU V.E.

PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0266 &cc Reg. Diat. No.

1. PLACE OF DEAT	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
City or town(If out	Fort H	oward limits, write R	URAL and give nearest town)				
How long in above place of Hospital, Institution, or at Vets. Adm.	death? 29 h	death occurred	***************************************				
3. (a) FULL NAME	lamas Cai	ri ale Ir		3. (b) Social Security Number			
4. Sex	5. Cofor or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERT	IFICATION		
Male	White	Marr	ied	20. DATE DF DEATH. March 31	19 45 at 9:50 PM		
6.(b) Name of busband of 7. Birth date of deceased (mo., day, yr.)	0.1.1) If alive, give age49year	21. I CERTIFY that death occurred on the date above state	ed; that I attended deceased from tolerch 31 1945		
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death			
52	6	20	hrsmin	. Cerebral hemorrhs	age 4 days		
10. Usual occupation	Clectrici	an	nd tate)	Due to	5 years		
~1	Anna Pos Austria	saved		(Include pregnancy within 8 months Major findings of operations			
18. Interment Mrs	. Mary	Sevick	Ave Chesaco Ps	Autopsy results			
(Burlal, cremation, o	removal. Which Baltin	nore N	(month) (day) (year)	Accident, suicide, or homicide	(Connty) (State)		
Location Ca	tonsvi	lle, B	alto. Md.				
44			imunek Street	23. SIGNATURE Afficiant	o acting Chimal		
(Date rec'd by remi	(rar)		Registra	Address Fort Howard, Marylan	d Date signed 4/1/45		

Tr. Kummel MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940) CERTIFICATE OF DEATH 417 2 Eastern Con 1. PLACE OF BEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (It outside city or town limits, write RURAL and give nearest town) Row long in above place of death?.... Hospital, jestitution, or street address where death occurr clearly (If rural, give LOCATION) How long In respital or Institution?..... 2.(a) If veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION causes FOR BINDING 7. Birth date of Sapply e deceased (mo., day, yr.) DURATION 8. AGE: Years MARGIN RESERVED ADING INK. Physicians: p 10. Usual occupation. 11. Industry or business 12. Name..... PLAINLY, WITH UNF is especially important. 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden name..... 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external caoses, fill in the following: Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur?(City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of injury 18. Funeral director M. D. or other/ Date signed ...

Re 3/31/45

per 3/6/45

PLAINLY, vis especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-d.)



02671

			CERTIFICAT	TE OF DEATH	Reg. Diat. No	3.0
1. PLACE OF D	EATH: Baltin	nore		2. USUAL RESIDENCE (HOME) OF	DECEASED:	
County			***************************************	State Maryland Cou		
City or town(I	f outside city or town	limits, write R	URAL and give nearest town)	Boltimore		
How long in above pla	ce of death? 20	years,	5 months, 3 days	(If outside city or town limits	, writs RURAL and give near	est town)
	or street address when			Street No. Bay View Hospi	tal	
			spital	(If rural, give	LOCATION)	/
		years,	5 months, 3 days	2.(a) It veteran, name war		······································
3. (a) FULL NA	ME				3. (b) Social Security N	lumber
	James	T. Shut	t			
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
male	white		single	20. DATE OF DEATH. March 21	19. 45	8:40 pm
	me			21. I CERTIFY that death occurred on the date abo		sed from
6.(b) Name of husbar	nd or wife	ł		October 18		
7. Birth date of		6.(c) It alive, give ageyears	and that I last saw h im alive on Mar	ch 21	19 45
deceased (mo., da)	yr.) July 2	26, 1883		Immediate cause of death		DURATION
8. AGE: Yes	ars Months	Days	It less than one day	Acute Myocardial In	sufficiency	4 days
6	1 7	23	hrsmin.			
9. Birthplace	Maryland			Chonic Arterios	clerotic	Indef.
9. Birthplace	(Tow	u, county, and s	tate)	Cardiovascular Dis		***********************
10. Usual occupation	none	***************************************		Bus As	***************************************	************
11. Industry or busin	ess none			Due 19		•••••••••
12. Name	John C. S	hutt		Other conditions		
13 Richniaca	unk.					
es	Wethil	lda Brow	n	(Include pregnancy within 3 n	nonths of death)	
14. Maiden nam 15. 6irthplace	·			Major findings of operations		
≥ 15. 61rthplace	unl				Date of op	
16. Informant	Hospita	al Recor	ds	Autopsy resultsDQ		
Address	Catons	rille-28	. Md.	PHYSICIAN: Please underline the cause to wh	ich death should be charged st	tatistically.
Cha.	()		3 - 111 115	22. VIOLENCE: If death was due to external cause	ses, fill in the following;	
17. (Burial, cremati	on, or remoral. Which	h?) Date there	(month) (day) (your)	Accident, suicide, or homicide	Date of	
Cemetery or Acrem	that	timo	e Com	Where did injury occur?(City or town)	(County)	(State)
VI		0		tnjured at home, farm, industry, public place (wh		(Deace)
Location	M			Means of Injury	tnjured at work?	
16. Funeral director	Fly	Mull	y the	The state of the s	4	
Address 24	- P8 6	0 ()1	ives Is	Labert &	farduer	
	\$ 100 11	C/ X-1	w ox visal	23. SIGNATURE LOBORT E. Gard	ner M. D. or	rother
19. (Date rec'd by	registrur)	J 4	Registrar	Address Catonsville, 28	, Md . Date signed	3/21/45

PLEASE WRITE

Date signed 3/21/45

Pac d. V.S. 3'2448

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93-d CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL NEAR and give town) information should carefully of death clearly and legibly. City or town Street address_hospital, or institution (If outside city or town limits, write RURAL NEAR and give town) Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) _____ 2(a) IF VETERAN, NAME WAR ____ 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION FOR BINDING 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the dete above stated; that I attended deceased item -6(c) If alive, give age --7. Birth date of and that I last saw h deceased (mo., day, yr.) Immediate cause of death write 8. AGE: Years Months Days If less than one day MARGIN RESERVED 国 wounded mo 9. Birthplace ___ (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name ____ 13. Birthplace 14. Malden na 15. Birthplace (Include pregnancy within 8 months of death) important. PHYSICIAN Major findings: Of operations. the cause to which death should be charged statisti-PLAINLY especially 22. VIOLENCE: If death was due to external causes, fill in the following; (month) (day) (year) Accident, suicide, or homicide Where did injury occur? ___ WRITE (City or town) (County) (State) PLEASE WRITH correct age Injured at home, farm, Industry, public place (where?)_ Means of Injury 1B. Funeral director Address M. D. or other Date signed_

Rec 3/6/45

PLEASE WRITE PLAINLY, WITH UNFADING LINE. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death elearly and-legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-6

CERTIFICATE OF DEATH

02674

-				4	
1	Reg	. D	ist.	No.	44

Cily or town	S.ex. f ontside city or town li ce of death?	mits, write F		State Md. county Baltimore City or town Essex (if outside city or town limits, write RURAL and give nearest town) Street No. 8132 Gough St.		
3. (a) FULL NAM	ME		ADELINA SORGE		3. (b) Social Secur	rity Number
4. Sex Female					ICAL CERTIFICATION	1
	·····		rgeyear c) It alive, give ageyear 892	and that I fast saw h alive o		16 19 45
8. AGE: Yea 53		Days	It tess than one dayhrsmln.	Immediate cause of death	/ _/	DURATION ///2 47.
10. Usual occupation	Housewife Home		(Italy) lis Italy	Due to		
15. Birthptace		(Daug	Italy hter)	Major findings of operations	ey within 8 months of death) Date of op cause to which death should be char	
17		Date there	ex March 19/45 (month) (day) (year)	Accident, suicide, or homicide	p externat causes, fill in the tollowing: Date of y or town) (County) lic place (where?)	(State)
1B. Funeral director.	Frank	St. B	la voce altimore Md. (N. Gruelly Registrar	Means of injury 23. SIGNATURE	AM.	D. prother

RECEIVED

APR 5 1945

BUREAU VA

VS A15

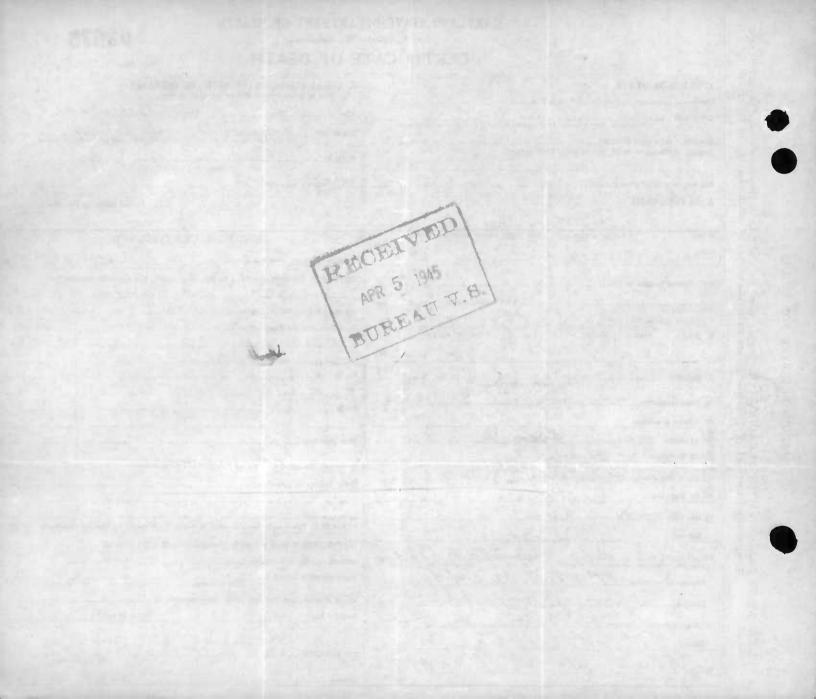
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /

CERTIFICATE OF DEATH

02675

	Reg. Diat. No.	
1. PLACE OF DEATH: County Ballunder	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
City or town		
How long in hospitat or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Sister Mary Ositha Spross 4. Sex 5. Color or race 6%(a) Single, married, widowed, or divorced	3. (b) Social Security Number	
4. Sex 5. Color or race 6!(a) Single, married, widowed, or divorced Terrale White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH March 11 19 45 21 4, 20 A. M	
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
7. Birth date of deceased (mo., day, yr.) April 8, 1863 8. AGE: Years Months Days I fless than one day	and that I last saw h. l. alive on March 7 19 5 5	
81 11 3hrsmin.	3 weeks	
9. Birthplace Churchielle, 4. 4. Mouroe Co. (Town, county, and space)	Due to	
10. Usual occupation	Due to	
12. Name Josefsh Special 13. Birthplace Bavaria	Other conditions	
14. Malden name Phillippissa Hales	(Include pregnancy within 8 months of death) Major findings of operations	
16. Informant Sr. Mary Clara	Date of op.	
Address Nofels Cliff Md	Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17	22, VIOLENCE: it death was due to external causes, filt in the following; Accident, suicide, or homicide	
Location Seen On Francis See	Injured at home, tarm, industry, public place (where?) Means of injury Injured at work?	
Address 8/1 /V. Wolke M.	23. SIGNATURE W. D. or other	



RESERVED FOR BINDING

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

02676

CERTIFICATE OF DEATH

County Bultumore	(For newborn infants give residence of mother)
0 11 .10 0 8	State
(If outside city or town limits, write RURAL and give nearest town)	13-0+
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Masonic Home	Street No. 3926 DALLACTION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
On a 01/1. + 01-1	MEDICAL CERTIFICATION
Male Hite Hidower	2D. DATE OF DEATH May 16 18 45 at 11 PM
B.(b) Name of husband or wife Mary Cynthia Stundiffs	21 I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Mas 18 40 10 Mas 140 18 45
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) July 12 - 1872	
8. AGE: Years Months Days If less than one day	Immediate cause of death
72 8 4min.	Colonary Thronbois 1 day
Bultings	
9. Sirinplace	Due to
10. Usual occupation Hight Hatchman	Dyfell terrence consider
1D. Usual occupation.	Dut to Jacular Deslase Justo
11. Industry or business	
12 Name Iscare C Standitors	Att Div
	Diher coodilions
	(Include pregnancy within 8 months of death)
14. Malden name & Structural Zummulf	
	Major findings of operations.
X 15. Birthplace England	Date of op.
18. Informant Jauna 49 - Schweder	Autopsy results
Address Magazzia, Home, Cockerprille, My	PHYSICIAN: Please underline the cause to which death should be charged statistically.
11.0	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, eremation, or removal, Whieh?) (Buriai, eremation, or removal, Whieh?)	Accident, suicide, or homicide
(Burial, eremation, or removal, Whieh?) (month) (day) (year)	
Cemetery or crematory To Manager Company	Where did lojury occur?
Location Mol	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director. ALLO A. L. Stripted A.	means of injury injury injured at work?
Address 1512 Halling Spr	91/1/ 4 11:11 000
	23. SIGNATURE / Helfu H - Shillman M D
3-19 .45 Wilmer C.Ensor	M. D. or other/
19. (Dato ree'd by registrar) Registrar	Address La Saddle St. Date signed 3/17/45

PERSONAL OF THEM THE AND STATE GRAITHAN

DESCRIPTION OF DESIGNATION OF REAL PROPERTY AND ADDRESS OF THE PERSON OF

Market Stanfall House Land

APR 5 1945
BUREAU V.S.

SED MANUEL

MARGIN RESERVED FOR BINDING

Plann in File 4/2 3-1	CERTIFICAT	E OF DEATH 10-
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address		2. USUAL RESIDENCE OF DECEASED: (a) State. Ud. (b) County Baltimore
(c) Hospital or institution:	parrows Pt. Hway.	(c) City or town
air Reduction		(If outside city or town limits write RURAL and give town)
(d) Length of stay in hospital or in		(d) Street No. 2508 Sycamore av. (If rural tive location)
(e) Length of stay in Baltimore (ye		(e) Citizen of foreign country?(Yes or No)
3 (a) FULL NAME	Willie	Slera.
3 (b) If veteran, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION
	No.	20. DATE OF DEATH Warch 12 1945, at 10 P. M
4. Sex 5. Color or race 6 di	(a) Single, married, widowed, or ivorced.	21. I certify that I took charge of the remains described above, held an
6 (b) Name of husband or wife		Autopsy, Inspection or Inquiry
6	(c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day	v, yr.)	to death on the day stated above, and death in my
8. AGE: Years Months Day	If less than one day hrmin.	opinion resulted from: natural causes _, accident _, suicide _, homicide _, undetermined _ and that the causes of death were:
9. Birthplace Orunge Co	wn, county and state)	IMMEDIATE CAUSE OF DEATH Crusted Clest
10. Usual Occupation Chaff		
11. Industry or business		
12. Name arus	dein	Due to
14. Maiden Name Polly	Yancy	Other Conditions
15. Birthplace Jul		(Include pregnancy within 3 months of death)
	Stein	22. If an external cause was primary or contributing cause of
	Seymore (rol)	death, fill in the following: (a) Date of injury 3-12-15 at Letween 4:30 +10 P.M.
(Burial, cremation, or removal)	Date thereof 3 /8/45 (month) (day) (yesr)	(b) Where did injury occur? ais Reduction Como (the
(c) Cemetery or crematory. 244	t. Calvary Celu	(c) Did injury occur at home, on farm, industrial place, in public
Location a. a. Co	runty !	place? Public While at work? The
18 (a) Funeral director Lay	nes Sanders	(d) Means of injury Street by and.
(b) Address 1412 6. Pr	eston Street	23. Signature Robert Cu Fraham M.D.
19 (a) (b)		Date signed Medical Examiner.

Registrar

(Date rec'd by registrar)

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

MARGIN

WRITE PLAINLY, WITH UNF. is especially important.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30 d

Reg. Dist. No ..

CERTIFICATE OF DEATH

1. PLACE OF DEAT County Balti				2. USUAL RESIDE	NCE (HOME) OF	DECEASED:	
				State Maryland County Baltinone			
	,	-	URAL and give nearest town)	City or town Bal	timore	write RURAL and give no	V
How long in above place of Hospital, Institution, or str	death?	death occurred	•				
Vets. Adm.	Facility	v. Ft.	Howard, Maryland	Street No S. L. Frefre	Greenmount (If rural, give I	Ave	
				0 (5) 16 volume vomo vo			V
3. (a) FULL NAME	STITUIION ?	uua.y.a		2.(a) it veteran, name w	IIVARIX		
		100 to				3. (b) Social Security	Number
	Color or race	IBERT S	TONE e, married, widowed, or divorced	11			
4. Sex 5	. Color or race	- 1				RTIFICATION	
Male	White		Widowed	20. DATE OF DEATH	March 22	19.45	,at1:55 M
6.(b) Name of husband or	wife	idowed		21. I CERTIFY that death March 16	occurred on the date abov	e stated; that t attended dec 45 to March	eased from 22 16:5
7. Sirth date of		6.(c) If alive, give ageyears	and that I last saw him	alive on Marc	ch 22	16.5
deceased (mo., day, yr.)	9-5-	70		Immediate cause of dea	Atelecta	sis, left lur	DURATION
8. AGE: Years	Months	Days	If less than one day				6 mos.
74	6	37	hrsmin.				
9. BirthplacePh:	lladelph (Town	ia Pa	state)	Due to Aneur	ysm. Aorta	5. · · · · · · · · · · · · · · · · · · ·	Unknown
1D. Usual occupation			***************************************	- Syphi	7is		Unknown
11. Industry or business				Due to			V.6MA66WILAA
	mae Ston	0			None		***
E	England						***************************************
≤ 13. Birthplace				(Includ	de pregnancy within 3 m	onths of death)	
14. Malden name	Mirah An	derson.		Major findings of oners	None None	***************************************	
15. Birthplace	England					Date of op	
	nicel Re	cords	Vets. Adm. Fac.				
For	t Howard			PHYSICIAN: Pleese nr	derline the cause to whi	ch death should be charge	d statistically.
Address FOF	0 11011011		1 1	22. VIOLENCE: If deat	h was due to external caus	es, fill in the following;	
17. Burial	Which	Date ther	eof 3/24/45 (month) (day) (year)			Date of	
1			ional Cem.			(County)	
The state of the s							
Location	Baltim	ore, Md	.4		ndustry, public place (wh	ere?)	••••••
18. Funerel director	William	J. Tic	kner & Son	Means of Injury		Injured at work?	
Address			timore. Md.	0	1 1/2	0	
Wanter2	2 4	-	A L	23 SIGNATURE	for Le	DOTTON	cor other co
19. 712	19	1 4	Registrar	Fort	Howard Mary	D., CLINICAT	DIKECTOR.
(Date rec' by regis	trar)		Registrar	Address	TOVICE IN A ALALY		2=66-6-1-2

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 9401 CERTIFICATE OF DEATH correct Reg Dist No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: County Baltimore Virginia City or town......(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 103 Days Magnital Institution or street address where death occurred: Vets, Adm. Facility, Pt. Howard, Maryland (If rural, give LOCATION) How long in hospital or institution? 103 Days 3. (a) FULL NAME 3 (b) Social Security Number ERNEST CAMERON STOVER 6.(a) Single, married, widowed, or divorced 5 Color or race MEDICAL CERTIFICATION White Divorced Mala 20. DATE OF DEATH Merch 24 19 45 212:35 DM 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Divorced 6.(b) Name of husband or wife. December 11 19 46 10 Merch 24 19 45 6.(c) If alive, give agevears March 24 and that I last saw h 118allye on 7. Birth date of 7-14-1889 Immediate cause of death Coronary arteriosclerodeceased (mo., day, yr.) DURATION if less than one day tic heart disease with cardiac hy-6 mos. 8. AGE: RESERVED 10 56 pertrophy, myocardial damage and xxx insufficiency. Class IV. Virginia 9 Birthniace..... (Town, county, and state) Unemployed 10 Usual occupation.... MARGIN 11 todustry or business Other conditions Hernia, inguinal, bilateral 12. Name Frank Virginia maxillary sinusitis (Include pregnancy within 3 months of death) important. Viola Jones 14. Malden name Major fiadings of operations..... 15. Birthplace Virginia 16 Informant Clinical Records, Vets, Adm. Fac. PHYSICIAN; Please underline the cause to which death should be charged statistically. PLAINLY Fort Howard, Maryland 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof 3-28-45 (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?)

WRITE SE S

18. Funeral director... (Date rec'd by registrar)

Injured at work? Means of Injury

23. SIGNATURE

Fort Howard, Maryland Date signed 3-24-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02680

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State Mary Land County Balting
How long in above place of death?	City or town
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Lydia M Strevi	3. (b) Social Security Number
4. Sex 5. Coff or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH 24 Star 19. 45 - 21 M
B.(b) Name of husband or wife. Harry M. Strewy 7. Birth date of	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 45. 10. 11. 11. 11. 11. 11. 11. 11. 11. 11
deceased (mo., day, yr.) C	Immediate cause of death DURATION to any
9. Birthplace	Due to
10. Usual occupation	Due fo
12. Name Joliu m Joond 13. Birthplace md	Other conditions adams of grantee
14. Malden name Elizabeth Paintes 15. Birthplace The Paintes	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace md	Date of op.
16. Informant Drawy M Street	Autopsy results
Address 17 (Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, eulcide, or homicide
Cemetery or crematory Grave Plus	Where did injury occur?
Location (Sales)	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Edel Elife	Means of Injury Injured at work?
Address Hamphlead Me	23. SIGNATURE & M. Resh M. D. or other
19/MCh 20 19 43 Aben 5 Fawth M. 4 (Date rec'd by registrar) (Date rec'd by registrar)	Address Hampstead had Date signed 3/24/45

MARGIN



the State of the County of the last

tem of information carefully. The causes of death clearly and legibly. ESTRVED FOR BINDING item of ADING INK. Supply eve Physicians: please write WITH UNF.

13. Birthplace

14. Maiden na 15. Birthplace

	-	-
	l	2
(

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3000

CERTIFICATE OF DEATH

02681

19.45 to March 25 19.45

	Reg. Dist. No.
1. PLACE OF DEATH: County	(Infutal, give Location)
3. (a) FULL NAME ISAAC STURGES	3. (b) Social Security Number
4. Sex Special	MEDICAL CERTIFICATION 2D. DATE DF DEATH. Warch 25 19 45, at 2:15 A

...6.(c) If alive, give age ... 7. Birih date of deceased (mo., day, yr.) 8. AGE: Months If less than one day 49 23 9. Birthplace......Sparrows. Pt. Meryland (Town, county, and state) 1D. Usual occupation.... Unemployed 11. Industry or business

Fort Howard, Maryland Ft. Howard. Maryland Address

(Burial, cremation, or removal, Which?) Cemetery or crematory

T. Hemsley

Address

(Date rec'd by registrar)

Registrar (Address

and that I last saw h in alive on Herch 25 DURATION Immediate cause of death Exsanguination 1 Month Other conditions Gumma of Liver Gumma of Spleen
(Include pregnancy within 3 months of death) Major findings of operations no Operations

Autopsy results Substantiated above PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did Injury occur? (City or town) tajured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

WRITE PLAINLY, is especially

APR 5 1945
BUREAU V.S.

Veta. Co. Pacificy, for Benefit Burgland - ASSA. BEST. B.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

02682

Reg. Dist. No. 3

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Dilliam Henry Tale	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed/or divorced Col Molone	MEDICAL CERTIFICATION Chal 20. DATE OF DEATH HELD 20 19 X J at 1 2 N
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B. (c) If alive give age	
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediato canse of death
62-6 Pmin.	apolleys
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to location Vascular discort
11. Industry or bys/press	Ove to.
12. Name Jello Jake	Other conditions
	(Incindo pregnancy within 8 months of death)
0 1	Major findings of operations
El 15. Birthplace	
Address 29 Handeller USE ly	Antopsy results
1 Date thereof 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Accident, suicide, or homicide
Cemetery or crematory. Western 2tay	Where did injury occur?
18. Funeral director has Harries	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 5/2 Campellar Care	I have I keepleed
19. 3/25 185 A. Ch Hedich	23. SIGNATURE M. D. or other
(Date rec'd by r gistrar) Registrar	Address 1010 Leeds ast Date stoned 3-20-10

Rec 3/23/45

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02683

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town. (If outside city or town limits, write RUMAL and give nearest town)	State County Cou
How long in above place of death?	(If outside city or town limits, write RUMAL and give nearest town)
How long In hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Cliza Jane Shomp	3. (b) Social Security Number
4. Sex 5. Colf of race 6.(a) Single, married, widowed, or divorced widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(b) Name of husband or wife Missand Thompson (decent	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. 6irth data of deceased (mo., day, yr.) 4. L. 22, 1863	and that I last saw here alive on There 6 19 Mass
8. AGE: Yeara Mootha Days If less than one day	Eler Glommer registre 3 yrs.
9. Birthplace. Christmat Ridge, Md. (Town, county and state)	Branchitis 4 ms
10. Usual occupation	Due 1o
12. Name. Secolo Parker	Dther conditions.
& Blinder danith.	(Include pregnancy within 8 months of death) Majer findings of operations.
15. Birthplace not I Crosses 16. Informant Mrs. Estella Jones	Autopsy results
Address Bondan. Revolutour, Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which) Date thereof (month) (day) (year)	Accident, aulcide, or homicide
Cemetery or cramatory And The Theorem	Where did injury occur?
18. Funeral director and Chartenan de	Means of Injury Injured at work?
Address 6009 Prescottare. Balte md.	23. SIGNATURE D. D. Caples M. D. or other
19. (Date rec') by registrar)	Address Reisterstown Jud Date signed 3-5-45

VS A15

Reg. Dist. No.___

OSCOA

(County)

2. HOME (USUAL RESIDENCE) OF DECEASED:	
a) Stat mansfand (b) County	
c) City or town Baltimore	
(If outside city or town limits, write RUI	RAL and give town)
d) Street No. 13 1 The Broady	sey
(If rural give location)	P
e) If foreign born, how long in U.S. A.?	Oyears
inarioff)	
MEDICAL CERTIFICATION	119/
20. Date of death Frank 24, 1945	atAM
21. I certify that death occurred on the date above st	
ed deceased from Sept 13, 1944, That	1124 1045
and that I last saw him alive on march 24, 19	
). <u>/</u> .
Immediate cause of death Collapse	Duration
Due to Oulmonary Suberculos	u 35 y
	6 mos
Due to Deabston mellita	6 000
Due to Deabstoi mellitus	6 miss
Other conditions (Include pregnancy within 3 months of death)	6 mos
Other conditions (Include pregnancy within 8 months of death) Major findings:	PHYSICIAN Underline th
Due to Acabetai mellitica Other conditions	6 miss

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bastimore 926

02685 5

.Date signed 3

CERTIFICAT	TE OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH: Daltimork County Catton Autill City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death opening.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (12 outside city or town limits, write RURAL and give nearest town) Street No. (14 rural, give JOCATION)		
How long In hospital or Institution?	2.(a) If veteran, name war		
	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced White Widowed S.(b) Name of husband or wife Annual H. Jouns	MEDICAL CERTIFICATION 2D. DATE OF DEATH		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw harmalive on Russ 3 19.45 Immediate cause of death DURATION Congretion Found Failure No.		
9. Birthplace (Town, county, and state) 10. Usual occupation Thomas (Town, county, and state) 11. Industry or business	Due to Petral Valuelan Deciare ?		
12. Name Juliuoun 13. Birthplace Sukuowu	Other coodilions		
14. Maiden name Marknown 15. Birthplace Surknown 15. Discompant Elmer, A. Jowns	Major findings of operations		
Address 3910 Sayward Que 17 Burnal (liurial, cremation, or removal. Which?) Date thereof May 6 1945 (month) (day) (year)	Autopsy results PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, culcide, or bomicide		
Cemetery or crematory Landow Gank Location Caty	Where did lojury occur?		
Address & No. John W. Jenfel & Son	means of injury injured at work?		

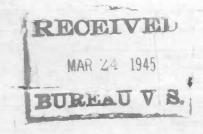
Registrar Address Cal

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

(Dece rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore /3/-0 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEMSED: The (If outside city or town limits, write RURAL and give nearest town) information carefully. How long in above place of death?..... (If outside city or town limits, write RURAL and give acarest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 6.(a) Single, married widowed, or 4. Sex RESERVED FOR BINDING item of 2f. I CERTIFY that death occurred on the date above stated: 6.(b) Name of husband or wife ... 6.(c) 11 alive, give age 7. Birth date of and that I last saw h Addenalive on deceased (mo., day, yr.) Supply 11 less than one day 8. AGE: Physicians: ADING 10. Usual occupation. 11. Industry or business 12. Name 13. Sirthplace UNF (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name. Major findings of uperations..... especially PHYSICIAN: Please underline the cause tu which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did Injury occur? WRITE (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 18. Funeral director 23. SIGNATURE.... (Date rec'd by registrar) .. Date signed.



PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: prease write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-6

CERTIFICATE OF DEATH

02687

The State of			CERTIFICA	IL OI DEATH	Reg. Dist. No
1. PLACE OF DE	ATH: Bal to.			2. USUAL RESIDENCE (HOME) OF I	DECEASED:
City or town(If o	TOWSON	mits, write R	URAL and give nearest town)	State Md. County City or town Towson	
Hospital, Institution, or street address where death occurred: 107 Shealey Ave. How long in hospital or institution?		14	OCATION)		
		. 2.(a) It veleran, name war			
3. (a) FULL NAM	E	EMMA	M. WARNER		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CER	RTIFICATION
Female	White		Single	20. DATE OF DEATH March 17.	19.45at 2:00P
	****		c) If alive, give ageyear	and that I last saw h	10 ms/17 19 43
8. AGE: Years		Bays	It less than one day	Immediate cause et death	
79	3	21	hrsmin	Busulute	S. 4 723:
10. Usual occupation	18	vork	tate)	Soulity	archites lumbown
	Md.			(Include pregnancy within 3 more	nths of death)
14. Maiden name.		Ltz		Major findings of operations	
2 15. Birthplace	Md.				Bate ot op
	ss Annie I		er	PHYStCIAN: Please enderline the caese to which	h death shootd be charged statistically.
17Buri	al , or removal, Which?	Bate there	3/20/45 (month) (day) (year)		Date of
1			& SONS	Mana of labor	Injured at work?
1	Balto., Mo		SALE SALES	22 SIGNATURE TO B	· Ensor
19. 3/2.6 (Date rec'd by re	gistrar)	Cel	All Legistra	23. SIGNATURE.	

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

02688

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If ontside city or town/limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	City or town (if ontside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary A. Of	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, figured, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH MANCHE 19 45, 21 3 P. M
6.(b) Name of husband or wite	15 CERTIFY that death occupied on the date above stated; that I attended deceased from 1945. to 1940.
deceased (mo., day, yr.) Ung 15- 1857	and that I last saw harmalive on 19.
8. AGE: Years Months Days It less than one day 8 7 6 1 2	Touche frame by Z days
9. Birthplace Of Meling Office Va. (Town, Jonnty, and state)	Due to
10. Usual occupation	Due to.
12. Name Daniel C. John 13. Birthpiace Why, Vigner	Dither conditions
14. Maiden name. Many Haune	(Include pregnancy within 8 months of death) Major findings of operations
16. Interment Ms algred Smithbach	Antopsy results.
Address - Hyde med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial, Cermation, or removal. Which?) Date thereof Mus 12 -/445 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Cometery or crematory Beauty City Med,	Where did injury occur?
19. Funeral director Claume F. Cathur	Means-of Marys Injured at work?
Address OSM 'Md'	Coffee of Hudson Mis
19. Mat 14 19.45 C. I. authur (Date rec'd by registrar) (Date rec'd by registrar) Registrar	23. SIGNOTHE M. D. or other M. O. or



The correct age

Supply every item of information carefully. The colease write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02689

Reg. Dist. No.

1. PLACE OF DEA	TH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore City or town Fort Howard			State Maryland County Baltimore		
(If ou	tside city or town tim	nits, write RURAL and give nearest town)			
How long in above place of	of death?	Days	City or town		
Hospital, Institution, or s			Street No. 730 S. Broadway		
		Fort Howard, Maryland	(If rural, give LOCATION)		
How long in hospital or institution?		<u> Days</u>	2.(a) If veteran, name war.		
3. (a) FULL NAME	JUNIN	WARYASZ	3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Widowed	20. DATE OF DEATH		
E (h) Name at husband o	e wife	idoved	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
The second second second			February 9 18 45 16 Merch 25 18 45		
7. Birth date of	200.03 A 7004 (27.5 g)	6.(c) If alive, give ageyears	and that I last saw h. 1m alive on March 25		
	11-20		Immediate cause of deathTuberculosis. chronic DURATION		
8. AGE: Years	Months	Days It less than one day 5hrsmin.	far advanced active 6 weeks		
		Manufand			
9. Birthplace	(Town, c	ounty, and state)	Due to		
10 Usual occupation	Unemp	loyed			
11. Industry or business			Due to		
	ohn Marwag		Dther conditions Cirrhosis of Liver, hyper-		
12. NameJ.			tmonhia		
13. Birthplace	olana (11 11		(Include pregnancy within 3 months of death)		
14. Maiden name 15. Birthplace P	Julia (M.N	. unknown)	Major findings of operations		
15. Birthplace P	oland		Date of op.		
to Interment Cli	nical Reco	rds, Vets. Adm. Fac.	Autopsy results MPT Olove.		
			PHYSICIAN: Please naderline the cause to which death should be charged statistically.		
h .	t Howard,	950 - 1 2 W/15	22. VIOLENCE: It death was due to external causes, till in the following;		
12 Buria	or removal. Which?)	pate thereof. (month) (day) (year)	Accident, suicide, or homicide		
	-7/2/2	Proary	Where did injury occur?		
Cemetery or cremator					
Location/Oal	smoke 1	garage from the second	Injured at home, farm, industry, public place (where?)		
18. Funeral director.	trad W.	Uzazewske,	Meens of injury Injured at work?		
Address 193	Paste	and dry	enge en		
3/2	10.0	2- 11- 0	C. J. KENNEY M.D. CLINICAY. DOTERCTOR		
19, Date rec'd by reg	19.	Registrar	Fort Howard, Maryland 3-25-4		
(Date rec d by reg	in the the f	1.08.50.41	Number of the state of the stat		

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Battimore 940

12690 3

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. HOME (USUAL RESIDENCE) OF DECEASED:	
(a) County Baltimore	(a) State Md. (b) County Baltimore	
(b) City or town Woodlawn (If outside city or town limits, write RURAL and give town)		
(c) Street address, hospital, or institution:	(c) City or town Woodlawn (If outside city or town limits, write RURAL an	d give town)
3610 Rockdale Terrace	(d) Street No. 3610 Rockdale Terrace	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
(e) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Gurldy A. Web	oster	
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION	
No. 220-07-3606	20. Date of death March 11 19 45, at 2	.30 P M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated;	that I attend-
Male White divorced. Widowed	ed deceased from 3-10 19 45, to 3	es in the
6 (b) Name of husband or wife Pearl V. Webster		4 19 - E-3,
	and that I last saw him alive on 3-10 19.4	
6. (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) October 23, 1885		36.00
8. AGE: Years Months Days If less than one day	Due to	
59 4 18hrmin.		
	Due to	
9. Birthplace Carroll County, Md. (Town, county, and state)	Other conditions	
10. Usual occupation Carpenter		PHYSICIAN
11. Industry or business	(Include pregnancy within 3 months of death) Major findings:	
12. Name Luther Webster	Of operations	Underline the
12. Name <u>Luther Webster</u> 13. Birthplace Carroll County, Md.		death should be
	Of autopsy	charged statisti- cally.
14. Maiden Name Mary Bloom 15. Birthplace Carroll County, Md.	22. If death was due to external causes, fill in the follow	in a:
	(a) Accident, suicide, or homicide	U.
16 (a) Informant Ir. Douglas S. hebster	(b) Date of occurrence	
(b) Address 8050 Liberty Road	(c) Where did injury occur? (City or town) (County)	
17 (a) Burial (b) Date thereof Warch 14,1945	(City or town) (County)	(State)
(c) Cemetery or crematory Woodlawn Cenetery	(d) Did injury occur about home, on farm, industrial plants	
Location Woodlayn, Md.	place?While at work?.	
18 (a) Funeral director Illia Curorium	(e) Means of injury	
(b) Address 4500 Liberty Heights Ave.	Ihor of Ochtard	-
7/-1:1- 2- 41.0	3. Signature M, D, or	other /
19 (a) (b) Registrar	Address 4509 Liberty Hgts Av Date signed	7/11/4

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (63-34) CERTIFICATE OF DEATH Reg. Dist. No..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: y. The collegibly: (For newborn infants give residence of mother) ion carefully. town limits, write BURAL and give negrest town) (If outside city or town limits, write RURAL and give nearest town) Hospitat, institution, or Atreel (If rural, give LOCATION) information of death cles 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i BINDING 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife FOR 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death It tess than one day 8. AGE: Years RESERVED G INK. (Town, county, and state) 1D. Usual occupation. MARGIN 11. Industry or business 13. Birthplace importan (Include pregnancy within 3 months of death) Major findings of operations.....

PLAINLY, is especially WRITE

18. Funeral director

(Date rec'd hi registrar)

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Where did injury occur? The trans throne Hosp

Injured at home, farm, industry, public place (where?) . Slate Hanning _tnjured at work?

(City/or town)

Gas

M. D. or other .. Date signed 3-27-24 per 3/1/15.

MARGIN RESERVED FOR BINDING

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The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 56-20

CERTIFICATE OF DEATH

CERTIF	ICATE OF DEATH	Reg. Dist. No.
I. PLACE OF DEATH: Sounty B allimate City or town	2. USUAL RESIDENCE (HOME (For newborn infants give resident) State City or town	
Stay in this community (yrs., or mos., or days) 8 mo· 21 d	Street Mo.	ral give LOCATION)
3. (a) FULL NAME	2(a) IF VETERAN, NAME WAR	3. (b) Social Security Number
4. Sex 5. Color or fale 6.(a) Single. married, wildowed, or divorce	MEDICA 20. DATE OF DEATH MEDICA	L CERTIFICATION Ch. 8 1945, at 44.
B (b) Name of husband or wife	21. I CERTIFY that death occurred on the	date above stated: that I attended deceased from 1944, to Much 8
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If Jess than one day	Immediate cause of death	or. of neeks DURATION
9. Birthplace Questria (Town, county, and state)	Due to	nost. 14
10. Usual occupation—Laborer Farm 11. Industry or business	Due to	
12. Name Washours 13. Birthplace	Other conditions	
14. Malden name Levkour 15. Birthplace	Major findings: Of operations	the cause to
16. Informant Ballimore Co., Home Reg. Address Jefas, Maryland	U. Df eutopsy	death should charged statis cally.
(Burial, cremation, or removal Which?) (month) (day) (y		ternal causes, fill in the following;
Cemetery or crematory Baltimore Co., Home Location Legar Maryland	Injured at home, farm, Industry, public	
18. Funeral director Landon Brotoths Address Uparks Maryla	Means of Injury	Injured at work?
19. mar. 8 1945 Wm J. Lindon Registrar	23. SIGNATURE LANGE	M. D. or other



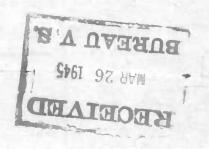
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

1. PLACE OF DEATH2	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Told July Told	(For newborn Infants give residence of mother)
(If ontside city or town limits, write RURAL and give nearest town)	-11-lott of
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 5.5.12 Soldhan Atal
35/2 serva cm	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veloran, namo war
3. (a) FULL NAME	3. (b) Social Security Number
Modelt L	Walf 215-10-8851
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH MARCLE 15 19 45 at 11- AM
6.(6) Name of husband or wife Hellen & Donn's Walfs	21. I CERTIFY that death occurred on the dato abovo slated; that I attended doceased from
S.(c) It alive, give ageyears	
7. Birth date of deceased (mo., day, yr.) Law 14 /902.	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
43 2. 8 min.	Acres and a second
Batting Jul	- Commenter with the second
B. Birthplace (Town, county, and state)	Duo to
10, Usual occupation. Type Opendot	
11. Industry or business / Mews-Asueriego	Due to
12. Name Locepla M. Walf	Other conditions August
\$ 13. Birtholace Batting one Trud	
El Butara milanolheras	(Include pregnancy within 8 months of desth)
14. Malden name	Major findings of operations
2 15. Birthplace Battimore, Mys.	Date of op
18. Informant Aff Con State of the State of	Autopsy results.
Address 5512 Scima Att	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Secret 2 Dato thoroot 3/19/45	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) (month) (dzy) (year)	Accident, suicide, or homicide
Comotery or cromatory UW Calledrill Gen	Where did injury occur?
Location 4300 O Sed Thederick Ad.	Injurod at home, farm, industry, public place (where?)
18. Funoral director Deliver Turkey	Means of Injury Injured at work?
2/d, No 7/2/1	In soll in legeling
Address 400 / 40 St orelles Sp.	23. SIGNATURE Les Teeffer Expan & Colo
19. (Date ree'd by registrar) Registrar	Address 610 Reads 2015 Y.



S 500

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



MORNE

..... Date signed....

CEPTURE	or sui, Daltimore 43-a
CERTIFICAT	TE OF DEATH Reg. Dist. No. 25 45
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write kUkAL and give nearest town)	State MALY GINA County Baltumore
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town) Street No. Bullet Rd.
Now long in hospital or institution?	(If rural, give LOCATION) 2.(a) If voteran, name war
3. (a) FULL NAME Bessie Ayre Woo	2/2/0 110 111
Female White Widow	MEDICAL GERTIFICATION 20. DATE OF DEATH MALEY 3 1945, et /4.
6.(b) Mame of husband wite Geotge W. Moodward 7. Birth date of deceased (mo., day, yr.) Vn Known 18 19	21 JOERTIFY at death occurred on the date above stated; that the inded deceased from
8. AGE: Years Months Days If less than one day	magdiate cause of death Misoweau 15 mi
9. Birthpiece	Cearlinains 345
11. Industry or business Af Home 12. Mame Frank Jenkins 13. Birthplace Virginia	Other conditions
14. Maiden name Martha Cakbage	(Include pregnancy within 8 months of death) Major findings of operations
15. Birthplace VIFGIMIA 16. Interment MFS. Alktey Podson	Autopsy results
Address Baldwin P.O., Md. 17. Removal V al Date thereof March 3, 1945 (Burial, cremation, or removal, Wbich?) (Burial, cremation, or removal, Wbich?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Commetery or crematory Stradley Funeral Home Location Chilbeber, Virginia	Where did injury occur?
18. Funeral director Julia Bullius Silving	Means of Injury Injured at work?
Address Towson, Mary Just 19 Man 3, 18 45 Wollder Just 19	Solution of Thudson M. D. or other

VS A15

PLEASE

19 Maa 3. (Date rec'd by fegistrar)

RECEIVED MER 5 1945 BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING IN is especially important. Physicians

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46.20

CERTIFICATE OF DEATH

02696

g. Diat. No. 30

1. PLACE OF DEATH: 2	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Read .
Catout Ut le (If outside city or town limits; write RURAL and give nearest town)	State County Belto
	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Inatitution, or street address where death occurred:	Street No. 63/0 Vnederick Rd
	(If rural, give LOCATION)
How long in hospital or inatitulion?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ophia a. Zimmenn	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Frank White Widowed	20, DATE OF DEATH 24 19 45 at 10 a.
6.(b) Name of husband Janoshh C Zimmer man	26. DEERTIFY that death occurred on the date above stated; that Lattended deceased from
B.(O) Name of husband of Arte.	Jan 1 1045 10 Mark 4 1945
7. Birth date of	March 3 48
deceased (mo., day, yr.) June 18 2 1871	and that I last aaw In
	Immediate cause of spath. DURATION
0. 702.	Of Ily / Juletine We.
73 8 16hrsmin.	M V. K). Onters Velen
34Rto. Md	
8. Birthplace	Due to
10 Usual occupation House wife	
10. Usual occupation.	Due to
11. Industry or business Of Home	
12. Name (2/21/(2000) Nusumal	Other conditions / white way O Education
0 01 011	
	(Include pregnancy within 8 months of death)
H 14. Malden name	
14. Malden name	Major findings of operations.
	Date of op.
18. Interment Voka O. Zimmerman	Autopsy results
Address 6.310 Frederick Rd	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, openation, or removal, Whiche) (Burial, openation, or removal, Whiche) (Burial, openation)	Accident, aulcide, or homicide
(Burial, oremation, or removal, Which) (month) (day) (year)	
Cemetery or cremotery. Par Kwood	Where did injury occur?
Location Parkvilla Md.	Injured at home, farm, industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director William Cook Jac	DANG S. A
Addresa 1217 St. Paul St.	Alder O H. Tot
	23. SIGHATURE
19. (Date rec'd by peristrar) (Date rec'd by peristrar) Registrar	23. SIGHATURE M. D. or other
(Date rec'd by registrar)	Address 1 / Welling Bate signed J. J. J.

Ker 3/6/48